Asthma Action Plan

Last Name: _____________________________________________ First Name: _____________________________________________

School Name: ____________________________________________ School Contact Phone #: ________________________________

Parent/Guardian Name: ___________________________________ Parent/Guardian Phone #: ________________________________

Emergency Contact: ______________________________________ Emergency Phone #: ________________________________

Health Care Provider Name: _______________________________ Health Care Provider Phone #: _______________________________

Health Care Provider Signature: ____________________________ Today’s Date (mm/dd/yyyy): ________________________________

Triggers:

□ Colds □ Exercise □ Animals □ Smoke □ Strong Odors □ Dust
□ Food ______________ □ Weather □ Air Pollution □ Mold □ Other__________________

If asthma is triggered by exercise (at school or home), take □ Albuterol or __________________ inhaler ___________ puffs at least

__________________ minutes before exercise. Restrictions or activity limitations:

Green Zone:  Doing Well

Personal Best Peak Flow ___________ Date ___________

Peak flow is between _______ (80% of personal best) and _______ (100% of personal best)

Symptoms

• Breathing is good
• No cough or wheeze
• Can work and play
• Sleeps all night

Control Medications

Medicine How Much to Take When to Take It

Yellow Zone:  Caution!

DO NOT LEAVE PERSON ALONE!

Peak flow is between _______ (50% of personal best) and _______ (80% of personal best)

Symptoms

• Some problems breathing
• Cough, wheeze or chest tightness
• Problems working or playing
• Wake at night

Continue control medications and add:

Medicine How Much to Take When to Take It

Red Zone:  Medical Alert!

DO NOT LEAVE PERSON ALONE! GET HELP! Call 9-1-1!

Peak Flow is below _______ (50% of personal best)

Symptoms

• Lots of problems breathing
• Cannot work or play
• Getting worse instead of better
• Medicine is not helping

Continue control medications and add:

Medicine How Much to Take When to Take It

Go to the hospital or call for an ambulance if

□ Still in the RED ZONE after 15 minutes
□ If you are unable to reach your physician/healthcare provider for help

Go to the hospital or call for an ambulance immediately if the following danger signs are present

□ Trouble walking/talking due to shortness of breath
□ Lips or fingernails are blue

Contact the American Lung Association at 1.800.LUNG.USA (1.800.586.4872) or www.LUNGUSA.ORG for more information about asthma management and the Breathe Well, Live Well or Open Airways for Schools Programs.