



# Asthma Action Plan

Name	Date of Birth	Effective Date / / to / /
Doctor	Parent/Guardian	
Doctor's Office Phone Number: Day	Parent's Phone	
Emergency Contact After Parent	Contact Phone	
Student is able to self medicate <input type="checkbox"/> Yes <input type="checkbox"/> No		

The colors of a traffic light will help you use your asthma medicines. Also pay attention to symptoms

	<b>Green means GO ZONE</b> Use preventive medicine _____	-
	<b>Yellow means CAUTION ZONE!</b> Add prescribed yellow zone medicine _____	-
	<b>Red means DANGER ZONE!</b> Get help from a doctor _____	-

## GO (GREEN)

Use these medicines every day.

You have **ALL** of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work or play

Peak flow above \_\_\_\_\_



Medicine	How Much to Take	When to Take It

For asthma with exercise, take:

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## CAUTION (YELLOW)

Continue with green zone medicine and **ADD:**

You have **ANY** of these:

- First sign of a cold
- Exposure to known trigger
- Cough
- Mild wheeze
- Tight chest
- Coughing at night

And/or Peak flow from \_\_\_\_\_



to \_\_\_\_\_

Medicine	How Much to Take	When to Take It
<b>First</b> →		
<b>Next</b> →		

➔ **IF QUICK RELIEVER/YELLOW ZONE MEDICINE IS NEEDED MORE THAN 2-3 TIMES A WEEK, THEN CALL YOUR DOCTOR.**

## DANGER (RED)

Take these medicines and call your doctor.

Your asthma is getting worse fast:

- Medicine is not helping within 15-20 minutes
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Lips and/or fingernails blue
- Trouble walking and talking

And/or Peak flow below \_\_\_\_\_



Medicine	How Much to Take	When to Take It

**Get help from a doctor now! Do not be afraid of causing a fuss. Your doctor will want to see you right away. It is IMPORTANT! If you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT. Make an appointment with your primary care provider within two days of an ER visit or hospitalization.**

Check all items that trigger your asthma and things that could make your asthma worse:

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Chalk dust                                | <input type="checkbox"/> Ozone alert days                   | <input type="checkbox"/> Foods _____ |
| <input type="checkbox"/> Cigarette Smoke and second hand smoke     | <input type="checkbox"/> Pests-rodents and cockroaches      | _____                                |
| <input type="checkbox"/> Colds/Flu                                 | <input type="checkbox"/> Pets-animal dander                 | _____                                |
| <input type="checkbox"/> Dust mites, dust, stuffed animals, carpet | <input type="checkbox"/> Plants, flowers, cut grass, pollen | _____                                |
| <input type="checkbox"/> Exercise                                  | <input type="checkbox"/> Strong odors, perfumes,            | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Sudden temperature change                 | <input type="checkbox"/> cleaning products                  | _____                                |
| <input type="checkbox"/> Mold                                      | <input type="checkbox"/> Wood Smoke                         | _____                                |

# Asthma Triggers



**FOR HEALTHY LUNGS**  
[www.GetAsthmaHelp.org](http://www.GetAsthmaHelp.org)

Doctor's Signature/Stamp

**Asthma Action Plan for** \_\_\_\_\_ **Doctor's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Doctor's Phone Number** \_\_\_\_\_ **Hospital/Emergency Room Phone Number** \_\_\_\_\_

**GREEN ZONE: Doing Well**

- No cough, wheeze, chest tightness, or shortness of breath during the day or night
- Can do usual activities

**And, if a peak flow meter is used,**

**Peak flow:** more than \_\_\_\_\_  
(80% or more of my best peak flow)

My best peak flow is: \_\_\_\_\_

**Take These Long-Term-Control medicines Each Day (include an anti-inflammatory)**

Medicine	How much to take	When to take it

**Before exercise**

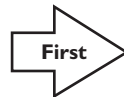
\_\_\_\_\_  2 or  4 puffs 5 to 60 minutes before exercise

**YELLOW ZONE: Asthma is Getting Worse**

- Cough, wheeze, chest tightness, or shortness of breath, or
- Waking at night due to asthma, or
- Can do some, but not all, usual activities

**-Or-**

**Peak flow:** \_\_\_\_\_ to \_\_\_\_\_  
(50% - 80% of my best peak flow)



**First**

**Add: Quick-Relief Medicine — and keep taking your GREEN ZONE medicine**

\_\_\_\_\_  2 or  4 puffs, every 20 minutes for up to 1 hour  
(short-acting beta2-agonist)  Nebulizer, once



**Second**

**If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:**

- Take the quick-relief medicine every 4 hours for 1 to 2 days.
- Double the dose of your inhaled steroid for \_\_\_\_\_ (7-10) days.

**-Or-**

**If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:**

- Take: \_\_\_\_\_  2 or  4 puffs or  Nebulizer  
(short-acting beta2-agonist)
- Add: \_\_\_\_\_ mg. per day For \_\_\_\_\_ (3-10) days  
(oral steroid)
- Call the doctor before/  within \_\_\_\_\_ hours after taking the oral steroid.

**RED ZONE: Medical Alert!**

- Very short of breath, or
- Quick-relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone

**-Or-**

**Peak flow:** less than \_\_\_\_\_  
(50% of my best peak flow)

**Take this Medicine:**

- \_\_\_\_\_  4 or  6 puffs or  Nebulizer  
(short-acting beta2-agonist)
- \_\_\_\_\_ mg.  
(oral steroid)

**Then call your doctor NOW. Go to the hospital or call for an ambulance if:**

- ✓ You are still in the red zone after 15 minutes AND
- ✓ You have not reached your doctor.

**DANGER SIGNS**

- Trouble walking and talking due to shortness of breath
- Lips or fingernails are blue



- ✓ Take  4 or  6 puffs of your quick-relief medicine AND
- ✓ Go to the hospital or call for an ambulance ( \_\_\_\_\_ ) NOW!