

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

	Green means GO ZONE Use preventive medicine	-
	Yellow means CAUTION ZONE! Add prescribed yellow zone medicine	-
	Red means DANGER ZONE! 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
<input type="checkbox"/> Flovent 110/44 mcg	_____ puffs	twice a day
<input type="checkbox"/> Claritin / <input type="checkbox"/> Zyrtec	_____ ml/mg	daily
<input type="checkbox"/> Flonase	_____ sprays	daily

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
First ➔ Albuterol MDI	_____ puffs	every _____ hours
Next ➔		

➔ 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
Albuterol MDI	_____ puffs	NOW!!

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 secondhand 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 _____ | |

www.GetAsthmaHelp.org

Doctor's Signature/Stamp

Adapted from the original design by the Pediatric Asthma Coalition of New Jersey