



Asthma Action Plan



Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact (1): _____

Name	Relationship	Phone
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Emergency Contact (2): _____

Name	Relationship	Phone
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Physician Name: _____ Phone: _____

Other Physician: _____ Phone: _____

Asthma Triggers - Identified items which may cause asthma attacks (circle all that apply):

- | | | | |
|------------|--------------|----------------------------|--------------------|
| dust mites | strong odors | tobacco smoke | colds/infections |
| mold | mice/rats | exercise | temperature change |
| pets | pollen | chalk dust | excitement |
| cockroach | dust | smoke (other than tobacco) | pesticides |

Food (specify): _____

other (specify): _____

Activities - that have caused asthma attacks in the past (circle all that apply):

- | | |
|---------------------------------|-------------------------------------|
| art projects with dust or fumes | playing outdoors on cold/windy days |
| sitting on carpeting | playing in freshly cut grass |
| pet care | gardening |
| wood/kerosene heated rooms | running hard |

other (specify): _____

Peak Flow Monitoring

Personal best peak flow reading: _____

Reading to give quick-relief medication: _____

Reading to get medical help: _____

Typical Signs and Symptoms - of asthma attacks (circle all that apply):

- | | | |
|---------------------|--------------------------|-------------------------------|
| persistent cough | flaring nostrils/panting | dark circles under eyes |
| wheezing | breathing faster | gray or blue lips/fingernails |
| shortness of breath | grunting | sucking in chest/neck |
| restlessness | fatigue | trouble talking/walking |

Reminders:

1. Notify parents immediately if emergency medication is required.
2. Seek emergency medical care if:
 - there are no improvements 15-20 minutes after initial treatment with medication and family can not be reached
 - after receiving treatment for asthma symptoms, the child has
 - chest / neck pulled in with breathing
 - gray or blue lips / fingernails
 - trouble talking / walking
 - hunched over



Asthma Action Plan



	Condition	Medications and Action Steps						
G R E E N Z O N E	<p style="text-align: center;">All Clear</p> <ul style="list-style-type: none"> No asthma symptoms Able to do usual activities Peak Flow Reading _____ <p style="text-align: center;">(80% or more of best)</p> <p style="text-align: center;">Good Control</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Medicine</td> <td style="width: 33%; text-align: center;">Amount (dose)</td> <td style="width: 33%; text-align: center;">When</td> </tr> </table> <p>Quick Relief Medicine should not be needed except before exercise and exposure to a known trigger</p> <p style="text-align: center;">Before exercise and exposure to a known trigger take:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(15 minutes before exercise or exposure)</p>	Medicine	Amount (dose)	When			
Medicine	Amount (dose)	When						
Y E L L O W Z O N E	<p style="text-align: center;">Asthma Symptoms</p> <ul style="list-style-type: none"> Coughing, wheezing, tightness in chest, shortness in breath Usual activities somewhat limited Peak Flow Reading _____ to _____ <p style="text-align: center;">(50-79% of best)</p> <p style="text-align: center;">Caution</p>	<p style="text-align: center;">Continue taking Green Zone Medicines and ADD:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Medicine</td> <td style="width: 33%; text-align: center;">Amount (dose)</td> <td style="width: 33%; text-align: center;">When</td> </tr> </table> <p style="text-align: center;">If symptoms persist after one hour or worsen add:</p> <p>Continue with Yellow Zone action for _____ hours Call physician within _____ hours Notify parent and physician when oral steroids are used</p>	Medicine	Amount (dose)	When			
Medicine	Amount (dose)	When						
R E D Z O N E	<p style="text-align: center;">Danger!</p> <ul style="list-style-type: none"> Very short of breath, trouble walking / talking Usual activities severely limited Quick-relief medication has not helped Peak Flow Reading _____ <p style="text-align: center;">(50% of best)</p> <p style="text-align: center;">Medical Alert!!</p>	<p style="text-align: center;">Continue taking Yellow Zone Medicines and ADD:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Medicine</td> <td style="width: 33%; text-align: center;">Amount (dose)</td> <td style="width: 33%; text-align: center;">When</td> </tr> </table> <p>Start oral steroids if not already</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Medicine</td> <td style="width: 33%; text-align: center;">Amount (dose)</td> <td style="width: 33%; text-align: center;">When</td> </tr> </table> <p>Call physician right away! If symptoms do not improve within 15 minutes and physician can not be reached - go to the hospital or call 911 right away</p>	Medicine	Amount (dose)	When	Medicine	Amount (dose)	When
Medicine	Amount (dose)	When						
Medicine	Amount (dose)	When						
Danger Signs	<p>*Difficulty walking / talking from shortness of breath >>></p> <p>*Bluish / grayish color to palms or lower inner eyelid >>></p>	<p>Go to the hospital now</p> <p>Or call 911</p>						

Physician's Signature: _____

Date: _____

Parent / Guardian Signature: _____

Date: _____