



# Asthma Action Plan



Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Severity Classification	Triggers	Exercise
<input type="checkbox"/> Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent	<input type="checkbox"/> Colds <input type="checkbox"/> Smoke <input type="checkbox"/> Weather <input type="checkbox"/> Exercise <input type="checkbox"/> Dust <input type="checkbox"/> Air Pollutions <input type="checkbox"/> Animals <input type="checkbox"/> Food <input type="checkbox"/> Other _____	1. Premedication (how much and when) _____ 2. Exercise modifications _____

Green Zone: Doing Well	Peak Flow Meter Personal Best =														
<b>Symptoms</b> <ul style="list-style-type: none"> <li>Breathing is good</li> <li>No cough or wheeze</li> <li>Can work and play</li> <li>Sleeps well at night</li> </ul> <b>Peak Flow Meter</b> More than 80% of personal best or _____	<b>Control Medications:</b> <table border="1"> <thead> <tr> <th>Medicine</th> <th>How Much to Take</th> <th>When to Take It</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>			Medicine	How Much to Take	When to Take It	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Yellow Zone: Getting Worse	Parent/Guardian to contact physician if using quick reliever more than 2 times per week														
<b>Symptoms</b> <ul style="list-style-type: none"> <li>Some problems breathing</li> <li>Cough, wheeze, or chest tight</li> <li>Problems working or playing</li> <li>Wake at night</li> </ul> <b>Peak Flow Meter</b> Between 50% and 80% of personal best or _____ to _____	<b>Control Medications:</b> <table border="1"> <thead> <tr> <th>Medicine</th> <th>How Much to Take</th> <th>When to Take It</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>			Medicine	How Much to Take	When to Take It	_____	_____	_____	_____	_____	_____	_____	_____	_____
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<b>If your symptoms (and peak flow, if used) return to Green Zone after one hour of the quick-relief treatment, THEN</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Take quick-relief medication every 4 hours for 1 to 2 days</li> <li><input type="checkbox"/> Change your long-term control medicine by _____</li> <li><input type="checkbox"/> Contact your physician for follow-up care.</li> </ul>	<b>If your symptoms (and peak flow, if used) DO NOT return to Green Zone after one hour of the quick-relief treatment, THEN</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Take quick-relief treatment again.</li> <li><input type="checkbox"/> Change your long-term control medicine by _____</li> <li><input type="checkbox"/> Call your physician/Healthcare provider within ____ hour(s) of modifying your medication routine.</li> </ul>
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Red Zone: Medical Alert	Ambulance/Emergency - Call 911														
<b>Symptoms</b> <ul style="list-style-type: none"> <li>Lots of problems breathing</li> <li>Cannot work or play</li> <li>Getting worse instead of better</li> <li>Medicine is not helping</li> </ul> <b>Peak Flow Meter</b> Less than 50% of personal best or _____ to _____	<b>Continue control medications and add</b> <table border="1"> <thead> <tr> <th>Medicine</th> <th>How Much to Take</th> <th>When to Take It</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>			Medicine	How Much to Take	When to Take It	_____	_____	_____	_____	_____	_____	_____	_____	_____
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