

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 ☐ Yes ☐ 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
☐ Flovent 110/44 mcg	_____ puffs	twice a day
☐ Claritin ☐ Zyrtec	_____ ml/mg	daily
☐ 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:

- | | | |
|--|---|--------------------------------|
| ☐ Chalk dust | ☐ Ozone alert days | ☐ Foods |
| ☐ Cigarette smoke and secondhand smoke | ☐ Pests-rodents and cockroaches | _____ |
| ☐ Colds/Flu | ☐ Pets-animal dander | _____ |
| ☐ Dust mites, dust, stuffed animals, carpet | ☐ Plants, flowers, cut grass, pollen | |
| ☐ Exercise | ☐ Strong odors, perfumes | ☐ Other |
| ☐ Sudden temperature change | ☐ Cleaning products | _____ |
| ☐ Mold | ☐ Wood smoke | _____ |

www.GetAsthmaHelp.org

Doctor's Signature/Stamp

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