

# Asthma Action Plan



Today's Date (mm/dd/yyyy): \_\_\_\_\_

Note: Your Asthma Action Plan should be reviewed every 6 months to 1 year, or sooner, for any changes.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Name: \_\_\_\_\_ School Contact Phone #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Health Care Provider Name: \_\_\_\_\_ Health Care Provider Phone #: \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

- Triggers:**
- Colds
  - Exercise
  - Animals
  - Smoke
  - Mold
  - Dust
  - Weather
  - Strong Odor
  - Air Pollution
  - Food \_\_\_\_\_
  - Other \_\_\_\_\_

**If asthma is triggered by exercise (at school or home), take**  
 Albuterol or \_\_\_\_\_ inhaler \_\_\_\_\_  
Name of Medicine How Much  
**puffs at least \_\_\_\_\_ minutes before exercise.**  
**Restrictions or activity limitations:**  
 \_\_\_\_\_

**Green Zone: Doing Well!**      **Personal Best Peak Flow (If used)** \_\_\_\_\_  
**Peak flow is between \_\_\_\_\_ (80% of personal best) and \_\_\_\_\_ (100% of personal best)**

Symptoms:	Control Medications:		
	Medicine	How Much to Take	When to Take It
• Breathing is good	_____	_____	_____
• No cough or wheeze	_____	_____	_____
• Can work and play	_____	_____	_____
• Does not wake up due to asthma	_____	_____	_____

**Quick Relief Medication: Take** \_\_\_\_\_ How Much puffs of Albuterol or \_\_\_\_\_ Name of Medicine inhaler **OR** \_\_\_\_\_ How Much ml by nebulizer.

**Note: If this medicine is needed often ( \_\_\_\_\_ times per week), call your physician.**

**Yellow Zone: Caution!**      **DO NOT LEAVE PERSON ALONE!**  
**Peak flow is between \_\_\_\_\_ (50% of personal best) and \_\_\_\_\_ (80% of personal best)**

Symptoms:	Continue above medications and add:		
	Medicine	How Much to Take	When to Take It
• Some problems breathing	_____	_____	_____
• Cough, wheeze or chest tightness	_____	_____	_____
• Problems working or playing	_____	_____	_____
• Wakes up at night due to asthma	_____	_____	_____

If symptoms (and peak flow, if used) are better/improved within  15 min/ \_\_\_\_\_ minutes, THEN repeat quick relief medication (as listed above) every \_\_\_\_\_ hours for \_\_\_\_\_ days. **Make sure you contact your physician for follow-up care.**

If symptoms (and peak flow, if used) are **NOT** better within  15 min/ \_\_\_\_\_ minutes, THEN follow the steps in the **RED ZONE** below.

**Red Zone: Medical Alert! DO NOT LEAVE PERSON ALONE! GET HELP!**

**Call Doctor or 9-1-1 AND Take** \_\_\_\_\_ How Much puffs of Albuterol or \_\_\_\_\_ Name of Medicine inhaler **OR** \_\_\_\_\_ How Much ml by nebulizer and **REPEAT EVERY 20 MINUTES UNTIL PARAMEDICS ARRIVE!**

<p><b>Peak Flow (If used) is below</b> _____  <b>(50% of personal best)</b></p> <p><b>Symptoms:</b></p> <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>	<p><b>Five Emergency Signs:</b></p> <ol style="list-style-type: none"> <li>1. Hard time breathing:               <ul style="list-style-type: none"> <li>– Person is hunched over</li> <li>– Person is struggling to breathe</li> <li>– Chest and neck muscles pull in with breathing</li> </ul> </li> <li>2. Trouble walking/talking due to shortness of breath</li> <li>3. Lips or fingernails are blue or gray</li> <li>4. Asthma symptoms do not improve 15-20 minutes after medication is taken</li> <li>5. Stops playing (activity) and can't start again</li> </ol>
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