

Asthma Action Plan

Name	School:	DOB: / /
Health Care Provider:	Phone:	
Parent/Responsible Person:	Phone:	
Asthma Severity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Asthma Triggers Identified: <input type="checkbox"/> Colds <input type="checkbox"/> Smoke <input type="checkbox"/> Mold <input type="checkbox"/> Dust <input type="checkbox"/> Exercise <input type="checkbox"/> Animals	

GREEN ZONE: Go!—Take these CONTROL (PREVENTION) Medicines EVERY DAY

<p>If you have ALL of these:</p> <div style="display: flex; align-items: center;"> <ul style="list-style-type: none"> Breathing is easy No cough or wheeze Can work and play Can sleep all night </div>	<p>Then:</p> <p>No control medicines required. Always rinse mouth after using your daily inhaled medicine.</p> <ul style="list-style-type: none"> _____ , _____ puff(s) inhaler with spacer _____ times a day _____ , _____ nebulizer treatment(s) _____ times a day _____ , take _____ by mouth once daily at bedtime For asthma with exercise, ADD: _____ , _____ puff(s) inhaler with spacer 15 minutes before exercise
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YELLOW ZONE: Caution!—Continue CONTROL Medicines and ADD QUICK-RELIEF Medicines

<p>If you have ANY of these:</p> <div style="display: flex; align-items: center;"> <ul style="list-style-type: none"> First sign of a cold Cough or mild wheeze Tight chest Problems sleeping, working, or playing </div>	<p>Then:</p> <ul style="list-style-type: none"> _____ , _____ puff(s) inhaler with spacer every _____ hours as needed <p>OR</p> <ul style="list-style-type: none"> _____ , _____ nebulizer treatment(s) every _____ hours as needed Other _____ <p style="text-align: center;">Call your DOCTOR if you have these signs more than two times a week, or if your quick-relief medicine doesn't work!</p>
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RED ZONE: EMERGENCY!—Continue CONTROL & QUICK-RELIEF Medicines and GET HELP!

<p>If you have ANY of these:</p> <div style="display: flex; align-items: center;"> <ul style="list-style-type: none"> Can't talk, eat, or walk well Medicine is not helping Breathing hard and fast Blue lips and fingernails Tired or lethargic Ribs show </div>	<p>Then:</p> <ul style="list-style-type: none"> _____ , _____ puff(s) inhaler with spacer every 15 minutes _____ for 3 treatments <p>OR</p> <ul style="list-style-type: none"> _____ , _____ nebulizer treatment every 15 minutes for 3 treatments <p style="text-align: center;">Call your doctor while giving the treatments.</p> <ul style="list-style-type: none"> Other _____ <p style="text-align: center;">If you cannot contact your doctor: Call 911 for an ambulance or go directly to the Emergency Department!</p>
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