

Student Name _____ School _____ Grade _____

ASTHMA ACTION PLAN

Your child should have regularly scheduled asthma check ups and should be seen after any emergency room or hospital visit by their primary care provider. Your next scheduled appointment is with: (provider) _____ at: (time) _____ on: (date) _____ phone # _____

Other important instructions:

1. No smoking in your home or car, even if your child is not present
2. Always use a spacer with inhalers (MDIs) and rinse your child's mouth out after using inhaled steroids
3. Take measures to remove or control known triggers in your child's environment. Your child's triggers are:
 - ☐ Respiratory infections or flu ☐ Mold ☐ Pollen ☐ Dust, dust mites
 - ☐ Weather/temperature changes ☐ Indoor pets ☐ Exercise ☐ Strong odors or sprays
 - ☐ Indoor/outdoor pollution ☐ Household cleaners ☐ Strong emotion ☐ Cockroaches
 - ☐ Other allergies _____.
3. Instructions for trigger removal/avoidance: _____

GREEN ZONE – ALL CLEAR - GO

USE CONTROLLER MEDICINES

You are OK

☐ No controller medicine needed at this time

You should have:

Medicine

Method

How Much

How often

No wheezing

No coughing

No chest tightness

No waking up at night because of Asthma

No problems with play because of Asthma

Peak flow number from _____ to _____

_____ times per day
_____ times per day

15 minutes before exercise use _____ puffs (Inhaled)

YELLOW ZONE – CAUTION! – TAKE ACTION

TAKE QUICK RELIEF MEDICINE

Asthma getting worse

Continue to use green zone daily medicines and add:

You may have:

Medicine

Method

How much

How often

Coughing

Wheezing

Chest Tightness

First signs of a cold

Coughing at night

Peak flow number from _____ to _____

_____ Inhaled ☐ _____ puffs OR ☐ _____ vial Every _____ hours

Also take:

_____ If yellow zone symptoms continue for 24 hours, or they require

extra rescue medicine more than 2 times per week, call your

child's healthcare provider for further instructions

RED ZONE – STOP! – GET HELP NOW!

TAKE QUICK RELIEF MEDICINE

This is an emergency!

You may have:

Quick relief medicine that is not helping

Wheezing that is worse

Faster breathing

Blue lips or nail beds

Trouble walking or talking

Chest and neck pulled in with each breath

Peak flow less than _____.

Continue to use green zone medicines and do the following:

Use _____ puffs or 1 vial Albuterol/Xopenex inhaled every 20 minutes for a total of _____ doses.

Call the doctor now at _____ for further instructions. If you cannot contact the doctor, go directly to the **Emergency Room or call 911**. DO NOT WAIT!!

Physician signature _____ Date _____

Signature of Parent/Responsible Party: _____ Date: _____

School Health Nurse Signature _____ Date: _____