

Asthma Action Plan

For: _____ Doctor: _____ Date: _____
 Doctor's Phone Number _____ Hospital/Emergency Department Phone Number _____

Doing Well

- No cough, wheeze, chest tightness, or shortness of breath during the day or night
- Can do usual activities

And, if a peak flow meter is used,

Peak flow: more than _____
 (80 percent or more of my best peak flow)

My best peak flow is: _____

Take these long-term control medicines each day (include an anti-inflammatory).

Medicine	How much to take	When to take it
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Before exercise _____ 2 or 4 puffs _____ 5 minutes before exercise

Asthma Is Getting Worse

- Cough, wheeze, chest tightness, or shortness of breath, or
- Waking at night due to asthma, or
- Can do some, but not all, usual activities

-Or-

Peak flow: _____ to _____
 (50 to 79 percent of my best peak flow)



Add: quick-relief medicine—and keep taking your GREEN ZONE medicine.

_____ 2 or 4 puffs, every 20 minutes for up to 1 hour
 (short-acting beta₂-agonist) Nebulizer, once



If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:

Continue monitoring to be sure you stay in the green zone.

-Or-

If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:

Take: _____ 2 or 4 puffs or Nebulizer
 (short-acting beta₂-agonist)

Add: _____ mg per day For _____ (3–10) days
 (oral steroid)

Call the doctor before/ within _____ hours after taking the oral steroid.

Medical Alert!

- Very short of breath, or
- Quick-relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone

-Or-

Peak flow: less than _____
 (50 percent of my best peak flow)

Take this medicine:

_____ 4 or 6 puffs or Nebulizer
 (short-acting beta₂-agonist)

_____ mg
 (oral steroid)

Then call your doctor NOW. Go to the hospital or call an ambulance if:

- You are still in the red zone after 15 minutes AND
- You have not reached your doctor.

DANGER SIGNS ■ Trouble walking and talking due to shortness of breath

■ Lips or fingernails are blue

■ Take 4 or 6 puffs of your quick-relief medicine AND

■ Go to the hospital or call for an ambulance _____ NOW!

(phone)

See the reverse side for things you can do to avoid your asthma triggers.

Severity Classifications	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"/> Exercise <input type="checkbox"/> Animals <input type="checkbox"/> Smoke <input type="checkbox"/> Other: _____	<input type="checkbox"/> Weather <input type="checkbox"/> Air Pollution <input type="checkbox"/> Food <input type="checkbox"/> Dust
		1. Premedication: How much: _____ When: _____ 2. Exercise Modification: _____

Signatures:

→ Parent/Guardian: _____ Date: _____

→ Physician/Health Care Provider: _____ Date: _____

Address: _____ Phone: _____

First Aid For Exercise-Induced Asthma:

If, during physical activity, you notice that a student is having difficulty breathing, coughing frequently, or wheezing (noisy when breathing out), it may be asthma:

- STOP the student's activity and encourage the student to sit and rest.
- Call 911 immediately if student requests or is in severe distress--struggling to breathe, lips blue, unable to walk or talk.
- Follow the designated **asthma action plan**
- Follow the school protocol to **notify the school nurse** (or other designated staff) if medication is not available or if symptoms are not resolved within 5 to 10 minutes after using the inhaler.
- Never let a child with breathing problems leave the gym or field alone.
- If symptoms resolve, permit students to resume activity when they are ready, according to their asthma management plan.
- Follow the school protocol to inform parents of the event and document actions taken.