

Asthma Action Plan

The colors of a traffic light will help you use your asthma medicines. Also pay attention to symptoms

Name	Date of Birth	Effective Date
Doctor	Parent/Guardian	
Doctor's Office Phone Number: Day	Parent's Phone	
Emergency Contact After Parent	Contact Phone	
Student is able to self medicate <input type="checkbox"/> Yes <input type="checkbox"/> No		



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
For asthma with exercise, take:		

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	2 puffs or 1 vial by nebulizer	Every 4 hours as needed
Next	Call Doctor if no improvement	

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
	2 puffs or 1 vial by nebulizer	Immediately - Call Doctor

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:

- | | |
|--|---|
| <input type="checkbox"/> Chalk dust | <input type="checkbox"/> Ozone alert days |
| <input type="checkbox"/> Cigarette Smoke and second hand smoke | <input type="checkbox"/> Pests-rodents and cockroaches |
| <input type="checkbox"/> Colds/Flu | <input type="checkbox"/> Pets-animal dander |
| <input type="checkbox"/> Dust mites, dust, stuffed animals, carpet | <input type="checkbox"/> Plants, flowers, cut grass, pollen |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Strong odors, perfumes, |
| <input type="checkbox"/> Sudden temperature change | <input type="checkbox"/> cleaning products |
| <input type="checkbox"/> Mold | <input type="checkbox"/> Wood Smoke |

Foods

Other

Asthma Triggers



www.lungchicago.org

Doctor's Signature/Stamp

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