Asthma Action Plan

General Information:
- Name ____________________________
- Emergency contact ____________________________
- Physician/Health Care Provider ____________________________
- Physician Signature ____________________________

Phone numbers ____________________________

Date ____________________________

**SEVERITY CLASSIFICATION**
- Mild Intermittent
- Mild Persistent
- Moderate Persistent
- Severe Persistent

**TRIGGERS**
- Cold
- Smoke
- Weather
- Exercise
- Dust
- Air pollution
- Animals
- Food
- Other ____________________________

In case of Emergency due to lack of Inhaler, you can choose from the following options:
- Ventolin HFA (may be provided by school for shared usage)
- ______________ HFA (to be provided by parent)
- add medication name
- May substitute stock ventolin
- May not substitute stock ventolin

**EXERCISE**
1. Pre-medication (how much and when) ____________________________
2. Exercise modifications ____________________________

**Green Zone: Doing Well**

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Control Medications</th>
<th>How Much to Take</th>
<th>When to Take it</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Breathing is good</td>
<td>Medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• No cough or wheeze</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Can work and play</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sleeps all night</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Peak Flow Meter

More than 80% of personal best or ____________________________

**Yellow Zone: Getting Worse**

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Continue control medicines and add:</th>
<th>How Much to Take</th>
<th>When to Take it</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Some problems breathing</td>
<td>Medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Cough, wheeze, or chest tight</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Problems working or playing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Wake at night</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Peak Flow Meter

Between 50 to 80% of personal best or ____________________________ to ____________________________

Contact Physician if using quick relief more than 2 times per week.

**Red Zone: Medical Alert**

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Continue control medicines and add:</th>
<th>How Much to Take</th>
<th>When to Take it</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Lots of problems breathing</td>
<td>Medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Cannot work or play</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Getting worse instead of better</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Medicine is not helping</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Peak Flow Meter

Between 0 to 50% of personal best or ____________________________ to ____________________________

Go to the hospital or call for an ambulance if
- Still in the red zone after 15 minutes
- If you have not been able to reach your physician/health care provider for help

Call an ambulance immediately if the following danger signs are present
- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue

**Ambulance/Emergency Phone number**