

ASTHMA ACTION PLAN

Name: _____ DOB: _____ Date: _____

Doctor: _____ Doctor's Phone# _____

****To Be Determined by Physician Authorizing Treatment****

Severity: Severe Persistent Moderate Persistent Mild Persistent Mild Intermittent

Things that make your asthma worse: (Triggers)

Dust Pets Mold Smoke Pollen Other _____

Green Zone: GO - You're Doing Well

<p>Personal Best Peak Flow: _____</p> <ul style="list-style-type: none"> • Breathing is good • No Cough or wheeze OR • Sleep through the night • Can play and work 	<p>Peak Flow</p> <p>From _____</p> <p style="text-align: center;">-</p> <p style="text-align: center;">to</p> <p>_____</p> <p style="text-align: center;">-</p> <p>_____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Medication</td> <td style="width: 33%;">How Much</td> <td style="width: 33%;">How Often / When</td> </tr> <tr> <td colspan="3" style="height: 100px;"> </td> </tr> </table>	Medication	How Much	How Often / When			
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Yellow Zone: Caution - Slow Down!

Continue with green zone medicine and add:

<p>You may have any of these symptoms:</p> <ul style="list-style-type: none"> • First signs of a cold • Exposure to known trigger • Cough OR • Mild Wheeze • Tight chest • Coughing at night 	<p>Peak Flow</p> <p>From _____</p> <p style="text-align: center;">-</p> <p style="text-align: center;">to</p> <p>_____</p> <p style="text-align: center;">-</p> <p>_____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Medication</td> <td style="width: 33%;">How Much</td> <td style="width: 33%;">How Often / When</td> </tr> <tr> <td colspan="3" style="height: 100px;"> </td> </tr> </table>	Medication	How Much	How Often / When			
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Red Zone: Danger - Get Help!

Take These Medications and Call your Provider Now!

<p>Your Asthma is <u>getting worse fast</u>:</p> <ul style="list-style-type: none"> • Medicine is not helping • Breathing is hard and fast • Nose opens wide OR • Ribs show • Can't talk well 	<p>Peak Flow less than</p> <p>_____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Medication</td> <td style="width: 33%;">How Much</td> <td style="width: 33%;">How Often /</td> </tr> <tr> <td style="width: 33%;">When</td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="height: 100px;"> </td> </tr> </table>	Medication	How Much	How Often /	When					
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Get help from your provider now! Do not be afraid of causing a fuss. Your provider will want to see you right away. It's Important! If you cannot contact your provider, go directly to the emergency room and bring this form. **DO NOT WAIT!** Make an appointment with your primary care provider within 2 days of an emergency room visit or hospitalization.

Provider Signature: _____ Date: _____

(Required)

PARENT OR GUARDIAN TO COMPLETE THIS SECTION:

I _____ (**Print Parent/Guardian name**) give permission to the school nurse/camp nurse and/or the school/camp based health clinic to exchange information and otherwise assist in the asthma management of my child including direct communication with my child's primary care provider.

Parent / Guardian Signature: _____ **Date:** _____