

Asthma Action Plan

Student Photo:



Name: _____

Severity of Asthma: _____

Allergies: YES NO

GO - Green means Go Zone!
Use preventive medicine.

You have all of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work and play

Peak flow from _____ to _____

CAUTION - Yellow Means Caution Zone!
Add quick-relief medicine.

You have any of these:

- First signs of a cold
- Exposure to known trigger
- Cough • Mild wheeze
- Tight chest • Coughing at night

Peak flow from _____ to _____

DANGER - RED Means DANGER Zone!
Get help from a doctor.

Your asthma is getting worse fast:

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Can't talk well

Peak flow reading below _____

Use these daily preventive anti-inflammatory medicines:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

For asthma with exercise, take:

--	--	--

Continue with green zone medicine and add quick relief medicine:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

CALL YOUR PRIMARY CARE PROVIDER.

Take these medicines and call your doctor now.

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

CALL your doctor NOW.

GO to the hospital/emergency department or CALL for an ambulance NOW!

INDIVIDUALIZED HEALTH PLAN AND STUDENT SPECIFIC CONSIDERATIONS:

TRIGGERS: CHECK ALL ITEMS THAT TRIGGER THE STUDENT'S ASTHMA:

Colds/flu	Odors (Irritants)	Weather	Foods:
Exercise	- Cigarette smoke, & second hand smoke	- Sudden change in temperature	- _____
Allergens	- Perfumes, cleaning products, scented products	- Extreme weather (hot and cold)	- _____
- Dust Mites, dust, stuffed animals, carpet	- Smoke from burning wood, inside or outside	- Ozone alert days	Other:
- Pollen – trees, grass, Weeds			- _____
- Mold			- _____
- Pets – animal dander			- _____
- Pests – rodents, cockroaches			

EMERGENCY CONTACTS – CALL 911 IF RED ZONE

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN _____ PHONE: _____