


Asthma Action Plan

(To be completed by Doctor)

Name	Birth Date	Effective Date
School	Parent/Guardian	Parent's Phone
Doctor's Name	Doctor's Office Phone	

Asthma Severity: Mild Intermittent Mild Persistent Moderate Persistent Severe Persistent

Asthma Triggers: Colds Exercise Animals Dust Smoke Food Weather Other: _____

TAKE THESE MEDICINES EVERYDAY																	
<p>Child feels good:</p> <ul style="list-style-type: none"> • Breathing is good • No cough or wheeze • Can work/play • Sleeps all night  <p>Peak flow in this area: _____ to _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>MEDICINE:</th> <th>HOW MUCH:</th> <th>WHEN TO TAKE IT:</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>20 MINUTES BEFORE EXERCISE USE THIS MEDICINE:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	MEDICINE:	HOW MUCH:	WHEN TO TAKE IT:													<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Green</p>
MEDICINE:	HOW MUCH:	WHEN TO TAKE IT:															

IF NOT FEELING WELL

TAKE EVERYDAY MEDICINES AND **ADD** THESE RESCUE MEDICINES

Child has any of these:

- Cough
- Wheeze
- Tight Chest




Peak flow in this area:

_____ to _____

MEDICINE:	HOW MUCH:	WHEN TO TAKE IT:

Yellow

Call your doctor/nurse's office if the symptoms don't improve in 2 days OR if the flare lasts for longer than ___ days. After _____ days go back to GREEN ZONE and take everyday medications as instructed.

IF FEELING VERY SICK CALL THE DOCTOR NOW!	TAKE THESE MEDICINES													
<p>Child has <u>any</u> of these:</p> <ul style="list-style-type: none"> • Medicine not helping • Breathing is hard and fast • Lips and fingernails are blue • Can't walk or talk well  <p>Peak flow below: _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>MEDICINE:</th> <th>HOW MUCH:</th> <th>WHEN TO TAKE IT:</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <div style="background-color: #333; color: white; padding: 10px; text-align: center; margin-top: 10px;"> <p>IF UNABLE TO CONTACT YOUR DOCTOR: Call 911 or go to the nearest emergency room and bring this form with you!</p> </div>	MEDICINE:	HOW MUCH:	WHEN TO TAKE IT:										<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Red</p>
MEDICINE:	HOW MUCH:	WHEN TO TAKE IT:												

Parent/Guardian Signature

Date

Health Care Provider Signature

Date

_____ I authorize student to carry and self administer emergency asthma inhaler.

_____ I DO NOT authorize student to carry and self administer emergency asthma inhaler.

Inhaler kept (circle all that apply): on student / in office