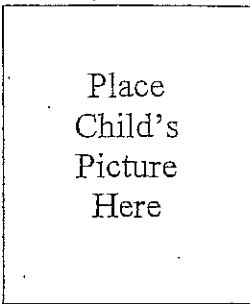


Asthma Action Plan

General Information:

• Name _____
 • Emergency contact _____ Phone numbers _____
 • Physician /Health Care Provider _____ Phone numbers _____
 • Physician Signature _____ Date _____



SEVERITY CLASSIFICATION

- Mild Intermittent Moderate Persistent
- Mild Persistent Severe Persistent

TRIGGERS

- Cold Smoke Weather
- Exercise Dust Air pollution
- Animals Food
- Other _____

EXERCISE

1. Pre-medication (how much and when) _____
2. Exercise modifications _____

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

Green Zone: Doing Well

Peak Flow Meter Personal Best = _____

Symptoms

- Breathing is good
- No cough or wheeze
- Can work and play
- Sleeps all night

Control Medications

| Medicine | How Much to Take | When to Take it |
|----------|------------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Peak Flow Meter

More than 80% of personal best or _____

Yellow Zone: Getting Worse

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

Symptoms

- Some problems breathing
- Cough, wheeze, or chest tight
- Problems working or playing
- Wake at night

Continue control medicines and add:

| Medicine | How Much to Take | When to Take it |
|----------|------------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Peak Flow Meter

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

IF your symptoms (and peak flow, if used) return to Green Zone after one hour of the quick relief treatment, THEN

- Take quick-relief medication every 4 hours for 1 to 2 days
- Change your long-term control medicines by _____
- Contact your physician for follow-up care

IF your symptoms (and peak flow, if used) DO NOT return to the GREEN ZONE after 1 hour of the quick relief treatment, THEN

- Take quick-relief treatment again
- Change your long-term control medicines by _____
- Call your physician/Health Care Provider within _____ hours of modifying your medication routine

Red Zone: Medical Alert

Ambulance/Emergency Phone number _____

Symptoms

- Lots of problems breathing
- Cannot work or play
- Getting worse instead of better
- Medicine is not helping

Continue control medicines and add:

| Medicine | How Much to Take | When to Take it |
|----------|------------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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