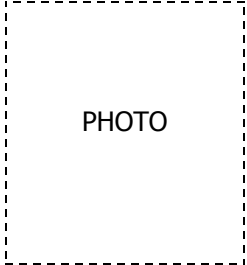




# Asthma Action Plan



Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Physician: \_\_\_\_\_

Date: \_\_\_\_\_

<b>G R E E N  Z O N E</b>	<p><b>Doing Well</b></p> <ul style="list-style-type: none"> <li>◆ Breathing is good</li> <li>◆ No cough or wheeze</li> <li>◆ Can work and play</li> <li>◆ Sleeps all night</li> </ul>	<p>Take these long-term control medicines AT HOME each day :</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Medicine</th> <th style="width: 30%;">How much to take</th> <th style="width: 30%;">When to take It</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">→</td> <td style="text-align: center;">→</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Medicine	How much to take	When to take It	_____	_____	_____	_____	→	→	_____	_____	_____
Medicine	How much to take	When to take It												
_____	_____	_____												
_____	→	→												
_____	_____	_____												
<b>Y E L L O W  Z O N E</b>	<p><b>Getting Worse</b></p> <ul style="list-style-type: none"> <li>◆ Coughing, wheezing or tight chest</li> <li>◆ Waking at night with asthma</li> <li>◆ Problems playing or working</li> </ul>	<p><b>FIRST:</b> Add quick-relief medicine</p> <p>Medicine _____ How much to take _____</p> <p><b>SECOND:</b> If symptoms return to GREEN ZONE after one hour of quick-relief treatment, Do This: _____</p> <p><b>OR...</b>If symptoms do not return to GREEN ZONE after one hour of quick-relief treatment Do This: _____</p>												
<b>R E D  Z O N E</b>	<p><b>Medical Alert!</b></p> <ul style="list-style-type: none"> <li>◆ Very short of breath</li> <li>◆ Quick-relief medicines have not helped, or</li> <li>◆ Cannot work or play</li> </ul>	<p><b>Continue control medications and ADD:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Medicine</th> <th style="width: 30%;">How much to take</th> <th style="width: 30%;">When to take It</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>Then call your Doctor NOW. Go to the hospital or call an ambulance if:</p> <ul style="list-style-type: none"> <li>◆ You are still in the RED ZONE after 15 minutes AND you have not reached your Doctor</li> </ul> <p><b>Call 911:</b> If having trouble walking or talking or if lips or fingernails are blue</p>	Medicine	How much to take	When to take It	_____	_____	_____						
Medicine	How much to take	When to take It												
_____	_____	_____												

Physician Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Hospital: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ or \_\_\_\_\_