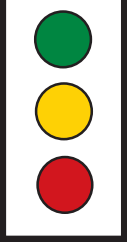
Asthma Action Plan

Name	Date of Birth	Effective Date / / to / /
Doctor		Parent/Guardian
Doctor's Office Phone Number: Day		Parent's Phone
Emergency Contact After Parent		Contact Phone
Student is able to self medicate ☐ Yes ☐ No		

The colors of a traffic light will help you use your asthma medicines. Also pay attention to symptoms



Green means GO ZONE
Use preventive medicine _____ –

Yellow means CAUTION ZONE! Add prescribed yellow zone medicine _____ –

Red means DANGER ZONE! Get help from a doctor _____ –

GO (GREEN)

You have *ALL* of these:

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

Peak flow above _____

Use these medicines every day.

Medicine	How Much to Take	When to Take It

For asthma with exercise, take:

CAUTION (YELLOW)

You have *ANY* of these:

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

And/or Peak flow from _____ to _____

Continue with green zone medicine and ADD:

Medicine	How Much to Take	When to Take It
First →		
Next →		

→ **IF QUICK RELIEVER/YELLOW ZONE MEDICINE IS NEEDED MORE THAN 2-3 TIMES A WEEK, THEN CALL YOUR DOCTOR.**

DANGER (RED)

Your asthma is getting worse fast:

- Medicine is not helping within 15-20 minutes
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Lips and/or fingernails blue
- Trouble walking and talking

And/or Peak flow below _____

Take these medicines and call your doctor.

Medicine	How Much to Take	When to Take It

Get help from a doctor now! Do not be afraid of causing a fuss. Your doctor will want to see you right away. It is IMPORTANT! If you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT. Make an appointment with your primary care provider within two days of an ER visit or hospitalization.

Asthma Triggers

Check all items that trigger your asthma and things that could make your asthma worse:

- ❒ Chalk dust
- ❒ Cigarette smoke and second hand smoke
- ❒ Colds/Flu
- ❒ Dust mites, dust, stuffed animals, carpet
- ❒ Exercise
- ❒ Sudden temperature change
- ❒ Mold
- ❒ Ozone alert days
- ❒ Pests-rodents and cockroaches
- ❒ Pets-animal dander
- ❒ Plants, flowers, cut grass, pollen
- ❒ Strong odors, perfumes, cleaning products
- ❒ Wood smoke
- ❒ Foods _____ _____
- ❒ Other _____ _____ _____ _____

AIM Asthma Initiative of Michigan
FOR HEALTHY LUNGS
www.GetAsthmaHelp.org

Doctor's Signature/Stamp

Adapted from the original design by the Pediatric Asthma Coalition of New Jersey