

Asthma Action Plan

Student's Name: _____ DOB: _____ Grade: _____

Parent/Guardian Name: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Primary Physician: _____ Phone Number: _____

Severity Classification: Intermittent Mild Persistent Moderate Persistent Severe Persistent

Asthma Triggers: _____

Green Zone: Doing Well

Symptoms: Breathing is good- no cough or wheeze- Can work and play- Sleeps well at night

Control Medicine(s):	How much to take:	When and how often to take it
_____	_____	_____
_____	_____	_____

Physical Activity: Use Albuterol/Levabuterol _____ puffs, 15 minutes before activity
 with all activity when you feel you need it

Yellow Zone: Caution

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

Quick-relief Medicine(s): Use Albuterol/Levabuterol _____ puffs, every 20 minutes for up to 4 hours as needed

Control Medicine(s): Continue Green Zone medicines
 Add _____
 Change to _____

You should feel better within 20-60 minutes of the quick-relief treatment. If you are not getting worse or are in the Yellow Zone for more than 24 hours, THEN follow the instructions in the RED ZONE and call the doctor right away!

Red Zone: Get Help Now!

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

Take Quick-relief Medicine NOW: Albuterol/Levabuterol _____ puffs, _____ (how frequently)

Call 911 immediately if the following danger signs are present:

- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue
- Still in the Red Zone after 15 minutes