# Asthma Action Plan

<table>
<thead>
<tr>
<th>Name</th>
<th>School:</th>
<th>DOB: / /</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Provider:</td>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>Parent/Responsible Person:</td>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>Asthma Severity: □ Mild □ Moderate □ Severe</td>
<td>Asthma Triggers Identified: □ Colds □ Smoke □ Mold □ Dust □ Exercise □ Animals</td>
<td></td>
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</tbody>
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## GREEN ZONE: Go!—Take these CONTROL (PREVENTION) Medicines EVERY DAY

If you have ALL of these:
- Breathing is easy
- No cough or wheeze
- Can work and play
- Can sleep all night

Then:
No control medicines required. Always rinse mouth after using your daily inhaled medicine.

- Inhaler with spacer ____ times a day
- Nebulizer treatment(s) ____ times a day
- Take ____ by mouth once daily at bedtime
  - For asthma with exercise, ADD: _____________________ , ______ puff(s) inhaler with spacer 15 minutes before exercise

## YELLOW ZONE: Caution!—Continue CONTROL Medicines and ADD QUICK-RELIEF Medicines

If you have ANY of these:
- First sign of a cold
- Cough or mild wheeze
- Tight chest
- Problems sleeping, working, or playing

Then:

- Inhaler with spacer every _____ hours as needed
- Nebulizer treatment(s) every _____ hours as needed
- Other ______________________

Call your DOCTOR if you have these signs more than two times a week, or if your quick-relief medicine doesn’t work!

## RED ZONE: EMERGENCY!—Continue CONTROL & QUICK-RELIEF Medicines and GET HELP!

If you have ANY of these:
- Can’t talk, eat, or walk well
- Medicine is not helping
- Breathing hard and fast
- Blue lips and fingernails
- Tired or lethargic
- Ribs show

Then:

- Inhaler with spacer every 15 minutes _____ for 3 treatments
- Nebulizer treatment every 15 minutes for 3 treatments

Call your doctor while giving the treatments.

- Other ______________________

If you cannot contact your doctor: Call 911 for an ambulance or go directly to the Emergency Department!

Source: Children's National Medical Center.