

ASTHMA ACTION PLAN

Green Zone: Doing Well

Symptoms

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

Peak Flow Meter

More than 80% of personal best or _____

Peak Flow Meter Personal Best =

Control Medications

Medicine	How Much To Take	When To Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

Yellow Zone: Getting Worse

Symptoms

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

Peak Flow Meter

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

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

Continue control medicines and add:

Medicine	How Much To Take	When To Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF your symptoms (and peak flow, if used) return to Green Zone after 1 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/healthcare provider within _____ hours of modifying your medication routine

Red Zone: Medical Alert

Symptoms

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

Peak Flow Meter

Between 0% to 50% of personal best or
_____ to _____

Ambulance/Emergency Phone Number:

Continue control medicines and add:

Medicine	How Much To Take	When To Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

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/healthcare 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

Severity Classification

- Mild Intermittent
- Moderate Persistent
- Mild Persistent
- Severe Persistent

Triggers

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

Exercise

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

ASTHMA SYMPTOM ACTION PLAN

SAN DIEGO

Asthma Severity: Intermittent Mild Persistent Moderate Persistent Severe Persistent

He/she has had many or severe asthma attacks/exacerbations in the past year (at increased risk)

Asthma Triggers: Illness Exercise Dust Pollen Mold Pets Strong smells Emotions Cold air Other: _____

Daily controller medications given at home: YES NO _____


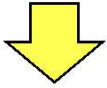

Exercise-induced symptoms: Pretreat with 2 puffs of Rescue Medication (see below) 15 minutes before exercise

1) Initial treatment of Asthma Symptoms: Prescription

Rescue medication: Albuterol Levalbuterol Ipratropium bromide (Atrovent) Other: _____

2 puffs inhaled every 4 hours with spacer (if available) as needed for COUGH, WHEEZE, SHORTNESS OF BREATH

2) Assess response to treatment in 10 minutes

Good Response	Incomplete Response	Poor Response	
<ul style="list-style-type: none"> No wheezing, cough or difficulty breathing 	<ul style="list-style-type: none"> Improved, but persistent wheezing, cough or difficulty breathing 	<ul style="list-style-type: none"> Severe wheezing, cough or difficulty breathing 	
<p>May continue rescue medication every 4 hours as needed</p> <ul style="list-style-type: none"> Return to class Notify parent/guardian 	<p>Give 4 puffs of rescue medication</p>	<p>Give 6 puffs of rescue medication immediately</p>	
3) REASSESS in 10 minutes			
	<p>Good Response</p> <ul style="list-style-type: none"> Return to class Notify parent/guardian who should follow up urgently with health care provider 	<p>Incomplete</p> <ul style="list-style-type: none"> Contact parent/guardian who should follow up immediately with health care provider If unavailable, call 911 	<p>Poor Response</p> <ul style="list-style-type: none"> If severe distress and nonresponsive to treatments, call 911, then parent/guardian Consider anaphylaxis treatment for severe respiratory distress

**** Please alert the asthma provider if the child consistently has asthma symptoms or needs albuterol (apart from pre-exercise) more than twice per week, or has a severe attack at school.**

- YES NO Parent and child feel that the child may carry and self-administer their inhalers
 YES NO Asthma provider agrees that the child may carry and self-administer the inhalers
 YES NO School nurse agrees with student self-administering the inhalers