Asthma Action Plan for:_

Date of Birth:

Personal Best Peak Flow:_

Grade:

Date:

GREEN ZONE	YIELLOW ZONIE	RED ZONE
GOOD!	CAUTION!	DANGER!
 Look For These Signs No cough, wheeze, or difficulty breathing Can sleep through the night Can do regular activities What You Should Do Take your DAILY CONTROLLER MEDICINE 	 Look For These Signs Cough, wheeze, short of breath Waking at night due to wheeze or cough more than 2 times a month Can't do regular activities Using quick relief medicine more than 2 times a week (not counting use before exercise) 	 Look For These Signs Very short of breath Hard time walking or talking Skin around neck or between ribs pulls in Quick relief medicine not helping What You Should Do
 Exercise regularly Medicine to take before exercise: Avoid your triggers: Tobacco smoke 	 What You Should Do Keep taking your daily controller medicine Begin using QUICK RELIEF MEDICINE every 4-6 hours as prescribed (Prime it first, if needed) 	 Get help now Take a nebulizer treatment OR Take 4 puffs of quick relief medicine now
Notes:	 Notes: If not better in 24-48 hours, call your doctor or nurse! If at school, call parent 	CALL YOUR DOCTOR OR NURSE NOW! OR Go to the Emergency Room or Call 911
PEAK FLOW	PEAK FLOW	PEAK FLOW less than
Classification:	rmittent 🗌 Mild Persistent 🗌 Mo	oderate Persistent 🗌 Severe Persistent
DAILY CONTROLLER MEDICINE	HOW MUCH HOW OFTEN	QUICK RELIEF MEDICINE
Pulmicort Flexhaler Flovent	punsunes/uay	Nedicine: How Much:

	Classification:	Intermittent		Mild Persister	it 🗌 I	Noderate Persistent	Severe Persistent
	DAILY CONTROLLER MEDI	CINE HOW	MUCH	HOW O	FTEN	QUICK RE	LIEF MEDICINE
	Pulmicort Respules				times/day		ebulizer
	Pulmicort Flexhaler			puffs	times/day	Medicine:	
	Flovent			puffs	times/day	How Much:	
	🗌 Singulair				At bedtime	How Often:	
	Asmanex			puffs	At bedtime	Inhaler Ne Medicine:	ebulizer
	Symbicort			2 puffs	2 times/day	How Much:	
		:					
	└ Advair			puffs	2 times/day	How Often:	
	Advair Other				2 times/day		ER: GET A FLU SHOT
5					🗌 Use Spa		
	C Othe <u>r</u>			Phone	Use Spa	acer 💢 REMINDI	
Т	C Other	Asthma Medicine	Yes 🗆	Phone No Epi-	Use Spa e: Pen Yes N	acer X REMINDI	
T F N	Other School: his child may carry his/her: Inhaled A	Asthma Medicine nation about this c se inhaled medicir	Yes I hild's asthm nes and epi-j	Phone Phone Phone Phone After demo	Use Spa	Acer X REMINDI Fax No \[N/A e and the school nurse: riate use to the school n	: □ Yes □ No urse.
T F N F	Other Chool: Child may carry his/her: Inhaled A Parent Authorizes the exchange of inform Alaine law permits students to carry and u	Asthma Medicine hation about this c se inhaled medicir parent if the child	Yes I hild's asthm hes and epi- is using qui	Phone No Epi- a between the p pen after demo ck relief inhaler	Use Spa	Acer X REMINDI Fax No N/A e and the school nurse: riate use to the school n er week (i.e. in excess of	Yes 🗆 No urse. f pre-exercise treatment)

Parent Signature Phone Form revised 06/10

Maine Asthma Council

Healthcare Provider: Fax completed copy to school nurse

Parents: Keep this handy