Asthma Action Plan

Name		Date of Birth	Grade/Teacher
Health Care Provider		Health Care Provider's Office Phone	Medical Record Number
Parent/Guardian		Phone	Alternate Phone
Parent/Guardian/Alternate Emergency Contact		Phone	Alternate Phone
		ASTHMA TRIGGERS (Things That Ma	e 🗌 Animals 🔲 Dust 🔲 Food
GREEN ZONE: GO!	Take These DAILY CONTROL	LER MEDICINES (PREVENTION) Med	licines EVERY DAY
You have ALL of these: • Breathing is easy • No cough or wheeze • Can work and play • Can sleep all night	Take puff(s) or For asthma with exercise, A puffs ith spæ er	tablet(s) daily.	
YELLOW ZONE: CAUTION! Continue DAILY CONTROLLER MEDICINES and ADD QUICK-RELIEF Medicines			
You have ANY of these: Cough or mild wheeze Tight chest Shortness of breath Problems sleeping, working, or playing			
RED ZONE: EMERGENCY!	Continue DAILY CONTROLLE	R MEDICINES and QUICK-RELIEF M	edicines and GET HELP!
You have ANY of these: Very short of breath Medicine is not helping Breathing is fast and hard Nose wide open, ribs showing, can't talk well Lips or fingernails are grey or bluish	Take a	hours <i>if needed.</i> Al ays use a spa	nebulizer mg / ml t e t every hours if needed.