Asthma Action Plan

Patient name:		Date of birth:	
Date Time		Height	Weight
Asthma severity **Allergies:** **Food Allergies:** **Medication Allergies:**		**Other Triggers:**	
Green Zone: I feel good • Can work and play • Can sleep at night • No cough or wheeze	**Take these controller medications every day:** Additional orders:		
	For physical activity/gym/recess, take:		
Yellow Zone: I do not feel good • Cold with cough • Wake up at night with cough • Wheeze, tight chest or trouble breathing	**Keep taking Green Zone controller medicines.** **Start or Increase controller medicine until you are back in the Green Zone:** Add quick-relief medicine to keep asthma from getting worse, use inhaler or nebulizer: Additional orders:		
If getting less than 4 hours of relief from Yellow Zone medicine go to the Red Zone and call provider.			
Red Zone: I feel awful • Breathing is hard and fast • Getting worse and medicine not helping • Cough continuously	**Keep taking the Green and Yellow Zone medicines.** **Take these medications NOW:** If symptoms worsen or don't improve, take the following medicine and call your health care provider: Additional orders:		
If breathing does not improve and you cannot contact your health care provider, go to the emergency room. **CALL 911 if:** • **You can't talk in full sentences** • **You can't get air** • **You are worried about getting through the next 30 minutes** • **Fingernails or lips are grey or blue**			
INFLUENZA SHOT IN THE FALL	**AVOID ASTHMA TRIGGERS**	**NO SMOKING IN HOME OR CAR**	
Follow-up appointment at: Clinic name, clinic and phone number		Return to clinic in:	
Parent/guardian signature	Date		
Health care provider signature	Date		
Provider name			

AAP has been given and reviewed with patient and/or parent. This form provides consent for school/daycare to administer to my child the above medicine as provided by parent or guardian and allows the child to carry the inhaler for which our provider has assessed ability and if approved by the school nurse.