Asthma Action Plan
Physician Orders

Date:

Patient Name:

Date of Birth:

TO BE COMPLETED BY PHYSICIAN/HEALTHCARE PROVIDER

☐ **Take** _____ **15 to 20 minutes before sports and play.**

Student may: ☐ **Self Carry** ☐ **Self Administer**

GREEN: WELL PLAN *I'My child feels well.*

- ☐ No cough / no wheeze
- ☐ Can play or exercise normally
- ☐ Peak flow number above
- ☐ Personal best peak flow is _____

Use these medicines every day to control asthma symptoms. Remember to use spacer with inhaler.

MEDICINE	DOSE	HOW TO TAKE	WHEN TO TAKE

YELLOW: SICK PLAN *I'My child does not feel well.*

- ☐ Coughing
- ☐ Wheezing
- ☐ Tight chest
- ☐ Shortness of breath
- ☐ Waking up at night
- ☐ First sign of a cold
- ☐ Peak flow number ranges between _____ to _____

Continue DAILY MEDICINES and ADD:

QUICK RELIEF	DOSE	HOW TO TAKE	WHEN TO TAKE

If needing quick relief medicine more than every 4 hours **or** every 4 hours for more than a day, call the doctor at the phone number below. Call doctor/clinic anytime if there is no improvement or with any questions! For School Use: Contact Parent.

RED: EMERGENCY PLAN *I'My child feels awful.*

- ☐ Breathing is hard and fast
- ☐ Wheezing a lot
- ☐ Can't talk well
- ☐ Rib or neck muscles show when breathing
- ☐ Nostrils open wide with breathing
- ☐ Medicine is not helping

Take quick relief medicine _____ puffs, or one nebulizer/breathing treatment every 15 minutes until you reach a doctor.

If a doctor cannot be reached, please go to the Emergency Room or **Call 911.**

For School Use: Follow Emergency Plan and contact parent.

Physician's name (print):

Physician's phone number:

Physician's signature:

TO BE COMPLETED BY PARENT OR GUARDIAN

TRIGGERS

- ☐ Life threatening allergy to:
- ☐ Cold air / changes in weather
- ☐ Cigarette Smoke
- ☐ Pollen
- ☐ Cockroaches
- ☐ Strenuous exercise
- ☐ Stuffed animals
- ☐ Animal fur
- ☐ Colds / flu
- ☐ Dust mites / dust
- ☐ Mold
- ☐ Other:

I authorize the exchange of medical information about my child's asthma between the physician's office and school nurse.

Parent/guardian name (print):

Parent/guardian phone number:

Parent/guardian's signature:

Cell phone number:

Asthma Action Plan

AMERICAN LUNG ASSOCIATION.

General Information:

■ Name _____

■ Emergency contact _____ Phone numbers _____

■ Physician/healthcare provider _____ Phone numbers _____

■ Physician signature _____ Date _____

Severity Classification

❍ Intermittent ❍ Moderate Persistent
❍ Mild Persistent ❍ Severe Persistent

Triggers

❍ Colds ❍ Smoke ❍ Weather
❍ Exercise ❍ Dust ❍ Air Pollution
❍ Animals ❍ Food
❍ Other _____

Exercise

1. Premedication (how much and when) _____
_____
2. Exercise modifications _____
_____

Green Zone: Doing Well

Peak Flow Meter Personal Best =

Symptoms

■ Breathing is good
■ No cough or wheeze
■ Can work and play
■ Sleeps well at night

Peak Flow Meter

More than 80% of personal best or _____

Control Medications:

Medicine	How Much to Take	When to Take It

Yellow Zone: Getting Worse

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

Symptoms

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

Peak Flow Meter

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

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 one hour of the quick-relief treatment, THEN

❍ Take quick-relief medication every 4 hours for 1 to 2 days.
❍ Change your long-term control medicine by _____
❍ Contact your physician for follow-up care.

IF your symptoms (and peak flow, if used) DO NOT return to Green Zone after one hour of the quick-relief treatment, THEN

❍ Take quick-relief treatment again.
❍ Change your long-term control medicine by _____
❍ Call your physician/Healthcare provider within ____ hour(s) of modifying your medication routine.

Red Zone: Medical Alert

Ambulance/Emergency Phone Number:

Symptoms

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

Peak Flow Meter

Less than 50% of personal best or
_____ to _____

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.
❍ 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.