

# Asthma Action Plan

(To be completed by Doctor/Nurse)

**Return Color Copy To The School Nurse**

Name \_\_\_\_\_

School \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Parent's Phone \_\_\_\_\_

Doctor/Nurse's Name \_\_\_\_\_

Doctor/Nurse's Office Phone \_\_\_\_\_

Emergency Contact After Parent \_\_\_\_\_

Contact Phone \_\_\_\_\_

Asthma Severity: ☐ Mild Intermittent

☐ Mild Persistent

☐ Moderate Persistent

☐ Severe Persistent

Asthma Triggers: ☐ Colds

☐ Exercise

☐ Animals

☐ Dust

☐ Smoke

☐ Food

☐ Weather

☐ Other: \_\_\_\_\_

## TAKE THESE MEDICINES EVERYDAY

Child feels good:

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



Green

Peak flow in this area:

\_\_\_\_\_ to \_\_\_\_\_

MEDICINE:

HOW MUCH:

WHEN TO TAKE IT:

20 MINUTES BEFORE EXERCISE USE THIS MEDICINE:

## IF NOT FEELING WELL

TAKE EVERYDAY MEDICINES AND **ADD** THESE RESCUE MEDICINES

Child has any of these:

- Cough
- Wheeze
- Tight Chest



Yellow

Peak flow in this area:

\_\_\_\_\_ to \_\_\_\_\_

Call your doctor/nurse's office if the symptoms don't improve in 2 days OR if the flare lasts for longer than \_\_\_\_ days. After \_\_\_\_\_ days go back to GREEN ZONE and take everyday medications as instructed.

## IF FEELING VERY SICK CALL THE DOCTOR OR NURSE NOW!

TAKE THESE MEDICINES

Child has any of these:

- Medicine not helping
- Breathing is hard and fast
- Lips and fingernails are blue
- Can't walk or talk well



Red

Peak flow below:

\_\_\_\_\_

MEDICINE:

HOW MUCH:

WHEN TO TAKE IT:

**IF UNABLE TO CONTACT YOUR DOCTOR OR NURSE:**  
Call 911 or go to the nearest emergency room and bring this form with you!

I give permission to the doctor, nurse, health plan, and other health care providers to share information about my child's asthma to help improve the health of my child.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Health Care Provider Signature \_\_\_\_\_

☐ It is my professional opinion this child should carry his/her inhaled medication by him/herself.

Adapted from the  
NYC Childhood  
Asthma Initiative

Adapted forms  
the NHLBI

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