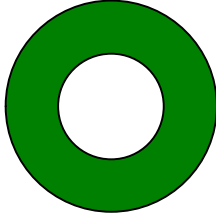


Asthma Action Plan

Category of Severity—Check one: ___ Mild Intermittent ___ Mild Persistent ___ Moderate Persistent ___ Severe Persistent

CONTROLLED
No symptoms.
Breathing is good.
This is where your child should be every day.

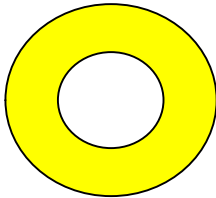


Green Zone Action Steps

1. Avoid triggers that bring on your child's asthma (smoke, cold weather, allergens and infections).
2. Take _____
10-15 minutes before exercise *if needed*.
3. Take your daily Green Zone maintenance medicines as follows:

➡ **These medicines are used to control and prevent asthma symptoms. Do not stop them without talking to your child's doctor.**

CAUTION
Coughing, wheezing,
Runny nose, watery eyes.
Take action to get your asthma under control.



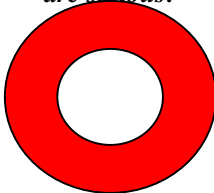
Yellow Zone Action Steps

1. Tell an adult.
2. Give _____ every _____
Hours until your child returns to the Green Zone (no symptoms).
3. *Always* check your child's breathing after giving rescue medicine.
4. Keep taking your Green Zone maintenance medicines

➡ **Let your child's doctor know if your child drops into the yellow Zone more than once a week or if they stay in the Yellow Zone 24-48 hours. Your child's Green Zone maintenance medicine may need to be changed. Examples of rescue medicines are albuterol (proventil or ventolin) and maxair.**

EMERGENCY
Chest being sucked in (retractions). Nostrils flaring.
Medicine not helping. Breathing hard and fast. Activity level down.

Your child's asthma symptoms are serious!



Red Zone Action Steps

1. Tell an adult.
2. Give _____ immediately and check your child's breathing.
3. If your child is not back in the Yellow/Green Zone, repeat above step every _____ for a maximum of _____

4. Call your doctor at _____ to notify him or her of your Red Zone event.

OR

➡ **See your doctor right away if your child's lips or fingernails are blue or if they are struggling to breathe after taking their medicine.**

Child's Name _____ Child's Date of Birth _____

Date _____ School _____

Pharmacy _____

Doctor's Name and Number _____

*The original should be given to the patient and a copy of this plan given to the doctor, school, pharmacy and asthma program.
Revised with permission from the Pediatric Asthma Program of the Children's Hospital, University Health Systems of Eastern Carolina June 1999 (RL 5.9) Revised by Annette Peery, RN, MSN, CDE
East Carolina University Department of Family Medicine*

