

Photo

**ASTHMA ACTION PLAN**

**Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_**

**Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_**

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| Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Instructions for an exercise-induced asthma flare-up**  Medicine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Additional Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Emergency Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **TRIGGERS:** \_\_\_ pollen \_\_\_ mold \_\_\_ dust mites \_\_\_animals \_\_\_ smoke \_\_\_ food  \_\_\_ exercise \_\_\_ cold/flu \_\_\_ weather \_\_\_ air pollution \_\_\_ other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **The GREEN Zone (also known as the SAFETY zone)** |
| **Symptoms**  Use these controller medicines as listed: (Example: Flixotide)   |  |  |  | | --- | --- | --- | | **Medicine** | **How much/Dosage** | **How often/When** | |  |  |  | |  |  |  | |  |  |  |  * Breathing is easy Method: Inhaler / Spacer * No cough or wheeze * Can do usual activities * Can sleep through the night   Peak flow from \_\_\_\_\_ to \_\_\_\_ |

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| **The YELLOW Zone (also known as the CAUTION zone)** |
| **Symptoms**  Continue with controller medicine as above, and add these rescue medicines:   |  |  |  | | --- | --- | --- | | **Medicine** | **How much/Dosage** | **How often/When** | |  |  |  | |  |  |  | |  |  |  |  * Some shortness of breath (Example: Ventolin) * Cough, wheeze or chest tightness * Some difficulty doing usual activities * Sleep disturbed by symptoms * Symptoms of a cold or flu   Peak flow from \_\_\_\_\_ to \_\_\_\_ |

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| **The RED Zone (also known as the DANGER zone)** |
| **Symptoms**  Take this medicine and call the doctor now!   |  |  |  | | --- | --- | --- | | **Medicine** | **How much/Dosage** | **How often/When** | |  |  |  | |  |  |  |  * Severe breathing problems * Cannot do usual activities * Difficulty walking and talking * Rescue medicine is not helping   Peak flow from \_\_\_\_\_ to \_\_\_\_  If symptoms don’t improve, contact the parent, call 999 and transfer to hospital. |

Parent’s Name & Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name & Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_