

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)

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| --- | --- | --- |
| **Medicine** | **How much/Dosage** | **How often/When** |
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|  |  |  |
|  |  |  |

* 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:

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| --- | --- | --- |
| **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!

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| --- | --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_