

Photo

ASTHMA ACTION PLAN

Student's Name		Grade		
Date of Birth// Age				
Doctor's Name:		Instructions for an exercise-induced asthma flare-up		
Contact No.:		Medicine:		
		Dosage:		
Emergency Contact:		When:		
Emergency Phone:		Additional Instructions:		
TRIGGERS: pollen mold	dust mites	animals	smoke _	food
exercise cold/flu	weather	air pollution	other:	
The GREE	N Zone (also kı	nown as the SAFE	TY zone)	
Symptoms	(0.00		, , , , , , , , , , , , , , , , , , , ,	
- ,p.c	Use these cont	roller medicines as li	sted: (Example:	Flixotide)
Breathing is easy	Method: Inhal		stear (Example:	· incolucy
No cough or wheeze	· ·		. /5	
Can do usual activities	Medici	ine How n	nuch/Dosage	How often/When
Can sleep through the night				
Can sleep through the hight				
- 15 5				
Peak flow from to				
The YELLO	W Zone (also kr	nown as the CAU	TION zone)	
Symptoms	•		•	
- ,	Continue with	controller medicine a	as above, and ad	d these rescue medicines:
 Some shortness of breath 	(Example: Ventolin)			
Cough, wheeze or chest tightness				Harri often /M/han
 Some difficulty doing usual activities 	Medicine Ho		nuch/Dosage	How often/When
Sleep disturbed by symptoms				
 Symptoms of a cold or flu 				
Symptoms of a cold of flu				
Peak flow from to				
		I		
The BED	Zana Jalaa kaa	we as the DANCI	CD comp)	
	Zone (also kno	wn as the DANG	ek zonej	
Symptoms	- 1 .1.1			
	rake this medi	cine and call the doc	tor now!	
Severe breathing problems				
Cannot do usual activities	Medici	ine How n	nuch/Dosage	How often/When
Difficulty walking and talking				
Rescue medicine is not helping				
Peak flow from to				
	If symptoms don't	improve, contact the	e parent, call 99	9 and transfer to hospital.
arent's Name & Signature:		Date	·	
octor's Name & Signature:		Date:		
		_ 3.00.		