

Asthma Action Plan, for Children 6 Years or Older

Name _____

DOB _____

Record # _____

Health Care Provider's Name _____

Health Care Provider's Phone Number _____ Completed by _____ Date _____

Long-Term Control Medicines (Use every day to stay healthy)	How Much To Take	How Often	Other Instructions (such as spacers/masks, nebulizers)
		_____ times per day EVERY DAY	
		_____ times per day EVERY DAY	
		_____ times per day EVERY DAY	
		_____ times per day EVERY DAY	

Quick-Relief Medicines	How Much To Take	How Often	Other Instructions
		Take ONLY as needed	NOTE: If this medicine is needed frequently, call physician to consider increasing long-term-control medications

Special instructions when I feel **good** (green), **not good** (yellow), and **awful** (red).

GREEN ZONE

I feel **good**.
(My **peak flow** is in the **GREEN** zone.)

GREEN Peak Flow
My Personal Best

Prevent asthma symptoms everyday

- Take my long-term-control medicines (above) every day
- Before exercise, take _____ puffs of _____
- Avoid things that make my asthma worse like: _____

YELLOW ZONE

I do **not** feel **good**.
(My **peak flow** is in the **YELLOW** zone.)
My symptoms may include one or more of the following:

- Wheeze
- Tight chest
- Cough
- Shortness of breath
- Waking up at night with asthma symptoms
- Decreased ability to do usual activities
- _____
- _____

YELLOW
80% Personal Best

CAUTION: I should continue taking my long-term-control asthma medicines every day AND:

- Take _____

If I do not feel good, or my peak flow is not in the *Green Zone* within 1 hour, then I should:

- Increase _____
- Add _____
- Call _____

RED ZONE

I feel **awful**:
(My **peak flow** is in the **RED** zone.)
Warning signs may include one or more of the following:

- It's getting harder and harder to breathe.
- Unable to sleep or do usual activities because of trouble breathing.

RED
50% Personal Best

MEDICAL ALERT! Get help!

- Take _____ until I get help immediately!
- Take _____
- Call _____

Liters/Min. Peak Flow Meter

DANGER!
Get help immediately!

Call 9-1-1 if you have trouble walking or talking due to shortness of breath or lips or fingernails are gray or blue.

Source: Adapted and reprinted with permission from the Regional Asthma Management and Prevention (RAMP) initiative, a program of the Public Health Institute. <http://www.calasthma.org/uploads/resources/actionplanpdf.pdf>. San Francisco Bay Area Regional Asthma Management Plan.

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Source: National Heart, Lung, and Blood Institute National Asthma Education and Prevention. *Expert Panel Report 3; Guidelines for the Diagnosis and Management of Asthma; Full Report 2007*. Bethesda, MD: NHLBI; 2007:117.

Asthma Action Plan, for Children 6 Years or Older, continued

Doctor _____ Hospital/Emergency Department Phone Number _____ Doctor's Phone Number _____ .Date _____

GREEN ZONE

Doing Well
 • No cough, wheeze, chest tightness, or shortness of breath during the day or night
 • Can do usual activities
And, if a peak flow meter is used,
Peak flow: more than _____ (80 percent or more of my best peak flow)
 My best peak flow is: _____

Take these long-term-control medicines each day (include an anti-inflammatory).
 Medicine _____ How much to take _____ When to take it _____
 Identify and avoid and control the things that make your asthma worse, like (list here): _____
 Before exercise, if prescribed, take: 2 or 4 puffs _____ 5 to 60 minutes before exercise

YELLOW ZONE

ASTHMA IS GETTING WORSE.
 • Cough, wheeze, chest tightness or shortness of breath, or
 • Waking at night due to asthma or
 • Can do some but not all usual activities
-OR-
Peak Flow: _____ to _____ (50 to 79 percent of my best peak flow)

1 Add quick-relief medicine — and keep taking your GREEN ZONE medicine.
 _____ 2 or 4 puffs every 20 minutes for up to 1 hour (short acting B₂ agonist) Nebulizer, once
If applicable remove yourself from the thing that made your asthma worse

2 If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:
 Continue monitoring to be sure you stay in the green zone
-OR-
If your symptoms (and peak flow, if used) do NOT return to GREEN ZONE after 1 hour of above treatment:
 Take _____ 2 or 4 puffs or Nebulizer (short acting B₂ agonist)
 Add _____ mg per day. For _____ (3-10) days (oral corticosteroid)
 Call the doctor _____ before within _____ hours after taking the oral corticosteroid (phone)

RED ZONE

MEDICAL ALERT
 • Very short of breath, or
 • Quick relief medicines have not helped, or
 • Cannot do usual activities, or
 • Symptoms are same or get worse after 24 hours in Yellow Zone
-OR-
Peak Flow: less than _____ (50 percent of my best peak flow)

Take this medication:
 _____ 4 or 6 puffs or Nebulizer (short acting B₂ agonist)
 _____ mg. (oral corticosteroid)

Then call your doctor NOW. Go to the hospital or call an ambulance if:
 • You are still in the RED ZONE after 15 minutes AND
 • You have not reached your doctor

Danger Signs
 • Trouble walking and talking due to shortness of breath
 • Lips or fingernails are blue
 • Take 4 or 6 puffs of your quick-relief medication AND
 • Go to the hospital or call for an ambulance _____ (phone) **NOW**

Source: National Heart, Lung, and Blood Institute. National Institutes of Health, U.S. Department of Health and Human Services. NIH Publication No 07-5251, October 2006.
 Source: National Heart, Lung, and Blood Institute National Asthma Education and Prevention. Expert Panel Report 3; Guidelines for the Diagnosis and Management of Asthma; Full Report 2007. Bethesda, MD: NHLBI; 2007:119.