

Pediatric Asthma Action Plan

Date: ___/___/___

Disease Severity: _____

Doctor/Phone: _____

Asthma Nurse/Therapist: _____

Name _____

Green Zone: ALL CLEAR

Where your child should be everyday-NO asthma symptoms and able to do usual activities and sleep without cough, wheeze or breathing difficulty. Other Signs: _____

Yellow Zone: CAUTION

This is not where your child should be. Symptoms: coughing, wheezing, and mild shortness of breath. Sleep and usual activities may be disturbed.

Other signs: _____

Red Zone: MEDICAL ALERT THIS IS AN EMERGENCY!

Red zone means your child needs urgent medical care. Symptoms include frequent severe cough, severe shortness of breath, trouble talking, walking and rapid breathing and wheezing

Other signs: _____

Action: Prevention-take these medicines everyday, good days and bad days. Use spacer with metered dose inhalers.

Medication:	Dose:	Frequency
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Use _____ 15-20 minutes before exercise.

Action: Relief of Symptoms - Keep taking green zone medications and:

1. Add quick relief medicine: _____
2. If signs/symptoms improve within 20-60 minutes, continue green zone medications.
3. If signs/symptoms do not improve after the first dose, go to the red zone plan.
4. If symptoms return in 4 hours or less, repeat dose and continue to use quick relief medicine 4 times per day for the next 48 hours.
Add: _____
5. Call your doctor for further advice.

Note: Call your doctor if your child keeps going into the yellow zone. The green zone plan may need to be changed to prevent this.

ACTION: REVERSAL of symptoms

1. TAKE: _____
ADD: _____ Call your doctor now.
2. If there is no improvement, GO TO THE EMERGENCY ROOM OR CALL 911.
3. If your child returns to the yellow zone, follow the yellow zone plan and call your doctor.

DANGER SIGNS:	THIS IS AN EMERGENCY! Give the
Trouble walking/talking	child _____
Blue lips and/or	_____
finger nails	_____
GO TO THE HOSPITAL OR CALL 911 NOW!!	

Signature: _____

Print Name: _____