Asthma Action Plan for:_

Date of Birth:

Personal Best Peak Flow:_

Grade:

Date:

GREEN ZONE	YELLOW ZONE	RED ZONE
GOOD!	CAUTION!	DANGER!
 Look For These Signs No cough, wheeze, or difficulty breathing Can sleep through the night Can do regular activities What You Should Do Take your DAILY 	 Look For These Signs Cough, wheeze, short of breath Waking at night due to wheeze or cough more than 2 times a month Can't do regular activities Using quick relief medicine more than 2 times a week (not counting use before exercise) 	 Look For These Signs Very short of breath Hard time walking or talking Skin around neck or between ribs pulls in Quick relief medicine not helping What You Should Do
 CONTROLLER MEDICINES Exercise regularly Medicine to take before exercise: 	 What You Should Do Keep taking your daily controller medicine Begin using QUICK RELIEF 	 Get help now Take a nebulizer treatment OR Take 4 puffs of quick relief
• Avoid your triggers: Tobacco smoke	MEDICINE every 4-6 hours as prescribed (Prime it first, if needed) • Notes:	medicine now CALL YOUR DOCTOR OR NURSE NOW!
• Notes:	 If not better in 24-48 hours, call your doctor or nurse! If at school, call parent 	Go to the Emergency Ro or Call 911
PEAK FLOW —	PEAK FLOW	PEAK FLOW less than
Classification:	ermittent 🗌 Mild Persistent 🗌 M	oderate Persistent 🗌 Severe Persistent
DAILY CONTROLLER MEDICINE Pulmicort Resputes	times/day	QUICK RELIEF MEDICINE Inhaler Nebulizer Med:
Pulmicort Flexhaler Flovent	puffstimes/day puffstimes/day	Dose:

.		Intermittent	Mild Persister	п 🗆	Moderate Persistent 🗌 Severe Persistent
51	DAILY CONTROLLER MEDICIN	E HOW MUCH	HOW C	FTEN	QUICK RELIEF MEDICINE
	Pulmicort Respules			times/day	🗆 Inhaler 🔲 Nebulizer
	Pulmicort Flexhaler		puffs	times/day	Med:
	Flovent		puffs	times/day	Dose:
	🗌 Singulair			At bedtime	Frequency:
ľ	Asmanex		puffs	At bedtime	Inhaler Nebulizer
-	Symbicort		2 puffs	2 times/day	Dose:
	🗌 Advair		puffs	2 times/day	Frequency:
	Othe <u>r</u>			🗌 Use Spa	acer 🛛 💢 REMINDER: GET A FLU SHOT
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S				_	
	chool:		Phone	e:	Fax:
T P	chool: his child may carry his/her: Inhaled Asthn Parent Authorizes the exchange of information	a Medicine □Yes □ about this child's asthr	No Epina between the	e: Pen □Yes □ physician's office	Fax: No □ N/A e and the school nurse: □ Yes □ No
T P N	his child may carry his/her: Inhaled Asthn Parent Authorizes the exchange of information Naine law permits students to carry and use inl	a Medicine	No Epina between the difference of the second secon	e: Pen □ Yes □ physician's office onstrating approp	Fax: No □ N/A e and the school nurse: □ Yes □ No riate use to the school nurse.
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Form revised 06/10 Maine Asthma Council

Physicians: Fax completed copy to school nurse

Parents: Keep this handy