



# ASTHMA ACTION PLAN – School Year \_\_\_\_\_

## To be completed by physician and parent/guardian

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Last Name, First Name




Parent Name: \_\_\_\_\_  
Parent/Guardian printed name

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
area code + number area code + number




Asthma Physician's Name: \_\_\_\_\_  
Asthma Physician printed name

Phone Number: \_\_\_\_\_  
area code + number




Emergency Contact: \_\_\_\_\_  
Printed Name Relation to student Phone Number

|  <p><b>Green Zone: Go</b><br/>           Peak flow number _____ to _____<br/>           *Breathing is good<br/>           *No cough or wheeze<br/>           *Can work and play</p>  | <p><b>Use preventive medicine.</b></p> <table border="0"> <thead> <tr> <th>Medicine</th> <th>How much to take</th> <th>When to take it</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="3">20 minutes before sports, use this medicine:<br/>_____</td> </tr> </tbody> </table>  | Medicine         | How much to take | When to take it  | _____ | _____ | _____ | _____ | _____ | _____ | 20 minutes before sports, use this medicine:<br>_____ |       |       |
|---|--|------------------|------------------|------------------|-------|-------|-------|-------|-------|-------|---|-------|-------|
| Medicine  | How much to take   | When to take it  |                  |                  |       |       |       |       |       |       |   |       |       |
| _____   | _____  | _____            |                  |                  |       |       |       |       |       |       |   |       |       |
| _____   | _____  | _____            |                  |                  |       |       |       |       |       |       |   |       |       |
| 20 minutes before sports, use this medicine:<br>_____   |  |                  |                  |                  |       |       |       |       |       |       |   |       |       |
|  <p><b>Yellow Zone: Caution</b><br/>           Peak flow number _____ to _____<br/>           *Cough<br/>           *Wheeze<br/>           *Tight Chest<br/>           *Wake up at night</p>   | <p><b>Take rescue medicine to keep an asthma episode from falling into the red zone.</b></p> <table border="0"> <thead> <tr> <th>Medicine</th> <th>How much to take</th> <th>When to take it</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>                                       | Medicine         | How much to take | When to take it  | _____ | _____ | _____ | _____ | _____ | _____ | _____   | _____ | _____ |
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| _____   | _____  | _____            |                  |                  |       |       |       |       |       |       |   |       |       |
| _____   | _____  | _____            |                  |                  |       |       |       |       |       |       |   |       |       |
| _____   | _____  | _____            |                  |                  |       |       |       |       |       |       |   |       |       |
|  <p><b>Red Zone: Danger</b><br/>           Peak flow number _____ to _____<br/>           *Medicine is not helping<br/>           *Breathing is hard &amp; fast<br/>           *Nose opens wide<br/>           *Can't walk<br/>           *Ribs show<br/>           *Can't speak entire sentence</p> | <p><b>Get help from a doctor now! Go to Emergency Dept. or call 911. Take these medicines until you talk with the doctor.</b></p> <table border="0"> <thead> <tr> <th>Medicine</th> <th>How much to take</th> <th>When to take it.</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | Medicine         | How much to take | When to take it. | _____ | _____ | _____ | _____ | _____ | _____ | _____   | _____ | _____ |
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| _____   | _____  | _____            |                  |                  |       |       |       |       |       |       |   |       |       |
| _____   | _____  | _____            |                  |                  |       |       |       |       |       |       |   |       |       |
| _____   | _____  | _____            |                  |                  |       |       |       |       |       |       |   |       |       |

## Classification of Asthma

| Category<br> | Days with Symptoms<br> | Nights with Symptoms<br> |
|---|---|---|
| <b>Step 1</b><br>Mild intermittent  | $\leq 2$ week   | $\leq 2$ month  |
| <b>Step 2</b><br>Mild persistent  | $\geq 2$ week   | 3-4/month   |
| <b>Step 3</b><br>Moderate persistent  | Daily   | $\geq 5$ /month   |
| <b>Step 4</b><br>Severe persistent  | Continual   | Frequent  |

## Zones and Actions

|   |   |   |
|---|---|---|
|  | <b>Green Zone:</b><br>80-100% of personal best<br>No symptoms present   | <b>GO</b><br>Proceed with normal activities and continue daily medications.             |
|  | <b>Yellow Zone:</b><br>50-79% of personal best<br>Coughing, wheezing, and shortness of breath may be present  | <b>CAUTION</b><br>Step up medications as prescribed and reduce activities as indicated. |
|  | <b>Red Zone:</b><br>< 50% of personal best<br>Posturing, retracting, difficulty speaking, blue/gray nail beds | <b>STOP</b><br>Implement emergency care plan and restrict activities.                   |