



Understanding Your Asthma Action Plan

The Asthma Action Plan explains how to manage asthma. The action plan gives instructions on how and when to take your medication and what to do in an emergency. Most asthma action plans use zones to guide caretakers on how to manage a child's asthma depending on the child's symptoms.

Not all asthma action plans are the same. Your doctor will make a plan that is just for you. Always follow your own asthma action plan.

Your doctor may change your asthma action plan. Make sure to go over the asthma action plan with your doctor at every appointment.

Everyone who cares for your child must have a copy of the asthma action plan.

Your Asthma Action Plan will include

- How to use your medications
- When to use your medications
- When to call 911
- What to do when you have asthma symptoms
- When to call the child's doctor

Have a copy of the action plan everywhere your child spends time

- Daycare center
- Babysitter's house
- School
- Summer camp
- After school programs
- Community centers
- Recreational activities such as sports, and dance
- Neighbors, friends and families' houses

Talk about your child's asthma with those who care for your child

- Find out if the place your child spends time has an asthma emergency plan.
- Ask who will care for your child in an emergency.
- Make sure your child can get their asthma medication right away.
- Have a letter that allows your child to give themselves their own medication.
- Ask if there are any other documents needed.
- Make sure the place has your current contact information.

Sample Action Plan

Remember: Not all action plans are the same.
Your doctor will make a plan that is just for you.

Green Zone

Tells you what to do when your child is breathing easy.

Follow these actions to prevent asthma symptoms before they appear.

Yellow Zone

Tells you what to do if you see or hear asthma symptoms.

Follow these actions to prevent symptoms from getting worse.

Red Zone

Tells you what to do when the asthma symptoms are an emergency.

The child needs to get medical help right away. Call 911

Asthma Action Plan

For _____ Date _____
 Prepared by _____



Green Zone: GO-Take these control (prevention) medicines Every Day

You have ALL of these:	Controller Medicine (Name and Strength)	How much (Dose) and how to take	Morn-	After-	Bed-
			ing	noon	time
<ul style="list-style-type: none"> Breathing is easy No cough or wheeze Can play and work Can sleep all night 					
For Allergies:					
Exercise: If your asthma is from exercising, take these medicines _____ minutes before exercising:					
		Dose	How to take		
		Dose	How to take		

Yellow Zone: CAUTION-Keep taking control medicines and add Rescue medicines

You have ANY of these:	Use Only One	Controller Medicine (Name and Strength)	How much (Dose) and how to take	How often
	Albuterol 0.083% solution (2.5 mg)	nebulizer	every 4 hours	
	Other			
1. If your child feels better in 30 minutes, and remains well for at least 3 hours, continue rescue medicine every 4 hours for 12 hours 2. If your child stays in the yellow zone after 12 hours, call your doctor for a change in the medication plan. Doctor _____ Phone _____ 3. If child DOES NOT feel better in 30 minutes, follow the RED Zone				

Red Zone: DANGER-Take These Medicines and Get HELP Right Away

You have ANY of these:	Use Only One	Controller Medicine (Name and Strength)	How much (Dose) and how to take	How often
	Albuterol 0.083% solution (2.5 mg)	nebulizer	every 4 hours	
	Other			
Call Your Doctor NOW when giving the treatment.				
Asthma can be life threatening. If your child is not responding, call 911 for an ambulance or go directly to the nearest emergency department.				

Your Asthma Triggers (makes your asthma worse)

Allergens	Irritants	Other Triggers
<input type="checkbox"/> Dust and dust mites <input type="checkbox"/> Cats or other furry animals <input type="checkbox"/> Mold <input type="checkbox"/> Pollen from trees, grass or flowers <input type="checkbox"/> Rodents, cockroaches or "roaches"	<input type="checkbox"/> Aerosols like hair or bug spray <input type="checkbox"/> Air pollution <input type="checkbox"/> Cigarette smoke <input type="checkbox"/> Strong smells like perfumes, air fresheners, cleaning fluid	<input type="checkbox"/> Cold air <input type="checkbox"/> Exercise or activity <input type="checkbox"/> Getting a cold or flu <input type="checkbox"/> Strong emotions or stress <input type="checkbox"/> Other _____

Print Name and Signature of Person Responsible _____
 Print Name and Signature of Healthcare Provider _____

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For questions and resources, call 1 (833) 327-8462. www.SouthSideKidsAsthma.org

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