



## 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.

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 their 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 _____	Personal Best Peak Flow _____	Predicted Peak Flow _____

Green Zone: GO-Take these control (prevention) medicines Every Day						
<b>You have ALL of these:</b> <ul style="list-style-type: none"> <li>Breathing is easy</li> <li>No cough or wheeze</li> <li>Can play and work</li> <li>Can sleep all night</li> </ul> <b>Peak flow between:</b> _____ to _____ 80 to 100% of Personal Best	Controller Medicine (Name and Strength)	How much to take (Dose)	How to take	Morn-ing	After-noon	Bed-time
<b>Take these other medicines if your asthma is from exercising:</b> _____ minutes before exercise						

Yellow Zone: CAUTION-Keep taking control medicines and add Rescue medicines	
<b>You have ANY of these:</b> <ul style="list-style-type: none"> <li>First sign of a cold</li> <li>Exposed to known trigger</li> <li>Cough</li> <li>Mild wheeze</li> <li>Tight chest</li> <li>Coughing at night</li> </ul> <b>Peak flow between:</b> _____ to _____ 80 to 100% of Personal Best	<input type="checkbox"/> Albuterol 0.083% solution (2.5 mg) nebulizer every 4 hours <b>OR</b> <input type="checkbox"/> Albuterol (90 mcg/puff) 2 puffs every 4 hours <b>OR</b> <input type="checkbox"/> <b>Other</b> _____ (Medicine Name and Strength) (Dose) (how to take) (how often)
<ol style="list-style-type: none"> <li>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</li> <li>If your child stays in the yellow zone after 12 hours, call your doctor for a change in the medication plan.</li> </ol>	
<b>Doctor Name</b> _____ <b>Phone</b> _____	
<ol style="list-style-type: none"> <li>If child <b>Does Not</b> feel better in 30 minutes, follow the <b>RED Zone Plan</b>.</li> </ol>	

Red Zone: DANGER-Take These Medicines and Get HELP Right Away	
<b>You have ANY of these:</b> <ul style="list-style-type: none"> <li>Medicine is not helping</li> <li>Breathing hard and fast</li> <li>Nose opens wide</li> <li>Ribs show</li> <li>Lips or fingernails blue or grey color</li> <li>Trouble walking or talking</li> </ul> <b>This Peak flow less than</b> _____ Under 50% Personal Best	<input type="checkbox"/> Albuterol 0.083% solution (2.5 mg) nebulizer every 4 hours <b>OR</b> <input type="checkbox"/> Albuterol (90 mcg/puff) 2 puffs every 20 minutes for 1 hour <b>OR</b> <input type="checkbox"/> <b>Other</b> _____ (Medicine Name and Strength) (Dose) (how to take) (how often)
<b>Call Your Doctor NOW when giving the treatment.</b> Asthma can be life threatening. If your child is not responding, <b>call 911</b> for an ambulance or go directly to the nearest emergency department.	

Your Asthma Triggers (makes your asthma worse)	Follow-Up Appointment made with
<input type="checkbox"/> Cigarette smoke and second-hand smoke <input type="checkbox"/> Dust and dust mites <input type="checkbox"/> Stuffed animals, carpet <input type="checkbox"/> Pests-rodents, cockroaches <input type="checkbox"/> Pets-animal dander <input type="checkbox"/> Plants, flowers, cut grass <input type="checkbox"/> Pollen (trees, grass or flowers) <input type="checkbox"/> Sprays: like hair or bug <input type="checkbox"/> Strong smells like perfumes, air fresheners, cleaning fluids	<input type="checkbox"/> Mold <input type="checkbox"/> Strong emotions or stress <input type="checkbox"/> Exercise or activity <input type="checkbox"/> Air pollution <input type="checkbox"/> Sudden change in weather or temperature <input type="checkbox"/> Getting a cold or flu <input type="checkbox"/> Other _____
Doctor _____ Clinic _____ Date _____ Time _____ Phone _____	
<b>OR Follow-Up with</b> Call _____ to make a follow-up visit 7-10 days after leaving hospital or clinic.	

Print Name and Signature of Person Responsible \_\_\_\_\_  
 Print Name and Signature of Healthcare Provider \_\_\_\_\_

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