

ASTHMA EMERGENCY ACTION PLAN

Name: _____ D.O.B. _____ Grade: _____

Emergency Contact: _____ Phone Numbers: _____

Healthcare Provider: _____ Phone Numbers: _____

Healthcare Provider's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Severity Classification	Triggers	Exercise
<input type="checkbox"/> Intermittent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Severe Persistent	<input type="checkbox"/> Colds <input type="checkbox"/> Smoke <input type="checkbox"/> Weather <input type="checkbox"/> Exercise <input type="checkbox"/> Dust <input type="checkbox"/> Air Pollution <input type="checkbox"/> Animals <input type="checkbox"/> Food <input type="checkbox"/> Other: _____	Premedication (how much & when): _____ _____ Exercise modifications: _____ _____

Green Zone: Doing Well	Peak Flow Meter Personal Best =														
Symptoms <ul style="list-style-type: none"> Breathing is good No cough or wheeze Can work and play Sleeps well at night Peak Flow Meter More than 80% of personal best or _____	Control Medications: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Medicine</th> <th style="width: 33%;">How Much To Take</th> <th style="width: 33%;">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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_____	_____	_____													
_____	_____	_____													
_____	_____	_____													

Yellow Zone: Getting Worse	Contact Physician if using quick relief more than 2 times per week														
Symptoms <ul style="list-style-type: none"> Some problems breathing Cough, wheeze or chest tight Problems working or playing Wake at night Peak Flow Meter Between 50% and 80% of personal best or _____ to _____	Control Medications: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Medicine</th> <th style="width: 33%;">How Much To Take</th> <th style="width: 33%;">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> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> IF your symptoms (and peak flow, if used) return to Green Zone after one hour of quick-relief treatment, THEN <input type="checkbox"/> Take quick-relief medicine every 4 hours for 1 to 2 days <input type="checkbox"/> Change long-term control medicine by _____ <input type="checkbox"/> Contact physician for follow-up care </div> <div style="width: 48%;"> IF your symptoms (and peak flow, if used) DO NOT return to Green Zone after one hour of quick-relief treatment, THEN <input type="checkbox"/> Take quick-relief treatment again <input type="checkbox"/> Change long-term control medicine by _____ <input type="checkbox"/> Call physician within _____ hour(s) of modifying your medicine routine </div> </div>			Medicine	How Much To Take	When To Take It	_____	_____	_____	_____	_____	_____	_____	_____	_____
Medicine	How Much To Take	When To Take It													
_____	_____	_____													
_____	_____	_____													
_____	_____	_____													

Red Zone: Medical Alert	Ambulance/Emergency Phone Number:														
Symptoms <ul style="list-style-type: none"> Lots of problems breathing Cannot work or play Getting worse instead of better Medicine is not helping Peak Flow Meter Less than 50% of personal best or _____ to _____	Control Medications: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Medicine</th> <th style="width: 33%;">How Much To Take</th> <th style="width: 33%;">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> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> Go to hospital or call ambulance if: <input type="checkbox"/> Still in Red Zone after 15 minutes <input type="checkbox"/> You have not been able to reach your physician for help <input type="checkbox"/> _____ </div> <div style="width: 48%;"> Call ambulance immediately if the following danger signs are present: <input type="checkbox"/> Trouble walking/talking due to shortness of breath <input type="checkbox"/> Lips or fingernails are blue </div> </div>			Medicine	How Much To Take	When To Take It	_____	_____	_____	_____	_____	_____	_____	_____	_____
Medicine	How Much To Take	When To Take It													
_____	_____	_____													
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