

# Asthma Action Plan, for Children 6 Years or Older

Name \_\_\_\_\_

DOB \_\_\_\_\_

Record # \_\_\_\_\_

Health Care Provider's Name \_\_\_\_\_

Health Care Provider's Phone Number \_\_\_\_\_ Completed by \_\_\_\_\_ Date \_\_\_\_\_

Long-Term Control Medicines (Use every day to stay healthy)	How Much To Take	How Often	Other Instructions (such as spacers/masks, nebulizers)
		____ times per day EVERY DAY	
		____ times per day EVERY DAY	
		____ times per day EVERY DAY	
		____ times per day EVERY DAY	

Quick-Relief Medicines	How Much To Take	How Often	Other Instructions
		Take ONLY as needed	NOTE: If this medicine is needed frequently, call physician to consider increasing long-term-control medications

Special instructions when I feel **good** (green), **not good** (yellow), and **awful** (red).

**GREEN ZONE**

I feel **good**.  
(My **peak flow** is in the **GREEN** zone.)

**GREEN Peak Flow**  
My Personal Best

**Prevent** asthma symptoms everyday

- Take my long-term-control medicines (above) every day
- Before exercise, take \_\_\_\_\_ puffs of \_\_\_\_\_
- Avoid things that make my asthma worse like: \_\_\_\_\_

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**YELLOW ZONE**

I do **not** feel **good**.  
(My **peak flow** is in the **YELLOW** zone.)  
My symptoms may include one or more of the following:

- Wheeze
- Tight chest
- Cough
- Shortness of breath
- Waking up at night with asthma symptoms
- Decreased ability to do usual activities
- \_\_\_\_\_
- \_\_\_\_\_

**YELLOW Peak Flow**  
80% Personal Best

**CAUTION:** I should continue taking my long-term-control asthma medicines every day AND:

- Take \_\_\_\_\_

If I do not feel good, or my peak flow is not in the *Green Zone* within 1 hour, then I should:

- Increase \_\_\_\_\_
- Add \_\_\_\_\_
- Call \_\_\_\_\_

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**RED ZONE**

I feel **awful**:  
(My **peak flow** is in the **RED** zone.)  
Warning signs may include one or more of the following:

- It's getting harder and harder to breathe.
- Unable to sleep or do usual activities because of trouble breathing.

**RED Peak Flow**  
50% Personal Best

**MEDICAL ALERT! Get help!**

- Take \_\_\_\_\_ until I get help immediately!
- Take \_\_\_\_\_
- Call \_\_\_\_\_

**DANGER!**  
**Get help immediately!** Call 9-1-1 if you have trouble walking or talking due to shortness of breath or lips or fingernails are gray or blue.

Source: Adapted and reprinted with permission from the Regional Asthma Management and Prevention (RAMP) initiative, a program of the Public Health Institute. <http://www.calasthma.org/uploads/resources/actionplanpdf.pdf>. San Francisco Bay Area Regional Asthma Management Plan.

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Source: National Heart, Lung, and Blood Institute National Asthma Education and Prevention. *Expert Panel Report 3; Guidelines for the Diagnosis and Management of Asthma; Full Report 2007*. Bethesda, MD: NHLBI; 2007:117.

**Asthma Action Plan, for Children 6 Years or Older, *continued***

Doctor \_\_\_\_\_ Doctor's Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Hospital/Emergency Department Phone Number \_\_\_\_\_

**GREEN ZONE**

**Doing Well**  
 Take these long-term-control medicines each day (include an anti-inflammatory).  
 Medicine \_\_\_\_\_ How much to take \_\_\_\_\_ When to take it \_\_\_\_\_  
 • No cough, wheeze, chest tightness, or shortness of breath during the day or night  
 • Can do usual activities

**And, if a peak flow meter is used,**  
**Peak flow:** more than \_\_\_\_\_  
 (80 percent or more of my best peak flow)  
 My best peak flow is: \_\_\_\_\_ 5 to 60 minutes before exercise

Identify and avoid and control the things that make your asthma worse, like (list here):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**YELLOW ZONE**

**1** **ASTHMA IS GETTING WORSE.**  
 • Cough, wheeze, chest tightness or shortness of breath, or  
 • Waking at night due to asthma or  
 • Can do some but not all usual activities  
 -OR-  
**Peak Flow:** \_\_\_\_\_ to \_\_\_\_\_  
 (50 to 79 percent of my best peak flow)

**2** **if your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:**  
 Continue monitoring to be sure you stay in the green zone  
 -OR-  
**if your symptoms (and peak flow, if used) do NOT return to GREEN ZONE after 1 hour of above treatment:**  
 Take \_\_\_\_\_ (short acting B<sub>2</sub> agonist) 2 or 4 puffs every 20 minutes for up to 1 hour  
 Nebulizer, once  
 Add \_\_\_\_\_ (oral corticosteroid) mg per day. For \_\_\_\_\_ (3-10) days  
 Call the doctor \_\_\_\_\_ (phone) before \_\_\_\_\_ within \_\_\_\_\_ hours after taking the oral corticosteroid

**1** **Add quick-relief medicine — and keep taking your GREEN ZONE medicine.**  
 \_\_\_\_\_ (short acting B<sub>2</sub> agonist) 2 or 4 puffs every 20 minutes for up to 1 hour  
 Nebulizer, once


**if applicable remove yourself from the thing that made your asthma worse**

**RED ZONE**

**MEDICAL ALERT**  
 • Very short of breath, or  
 • Quick relief medicines have not helped, or  
 • Cannot do usual activities, or  
 • Symptoms are same or get worse after 24 hours in Yellow Zone  
 -OR-  
**Peak Flow:** less than \_\_\_\_\_  
 (50 percent of my best peak flow)

**Take this medication:**  
 \_\_\_\_\_ (short acting B<sub>2</sub> agonist) 4 or 6 puffs or Nebulizer  
 \_\_\_\_\_ (oral corticosteroid) mg.

**Then call your doctor NOW.** Go to the hospital or call an ambulance if:  
 • You are still in the RED ZONE after 15 minutes AND  
 • You have not reached your doctor

**Danger Signs** • **Trouble walking and talking due to shortness of breath**  • **Take 4 or 6 puffs of your quick-relief medication AND**  
 • **Lips or fingernails are blue** • **Go to the hospital or call for an ambulance** \_\_\_\_\_ (phone) **NOW**

Source: National Heart, Lung, and Blood Institute. National Institutes of Health, U.S. Department of Health and Human Services. NIH Publication No 07-5251, October 2006.  
 Source: National Heart, Lung, and Blood Institute National Asthma Education and Prevention. Expert Panel Report 3; Guidelines for the Diagnosis and Management of Asthma; Full Report 2007. Bethesda, MD: NHLBI; 2007:119.