# Pediatric Asthma Action Plan

**Important! Avoid things that make your asthma worse:**

- First signs of a cold
- Cough
- Mild wheeze
- Tight chest
- Waking at night due to coughing, wheezing or trouble breathing more than two times a month
- Using quick-relief medicine more than 2 times a week other than before exercise

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**Personal Best Peak Flow:** ____________

### GREEN ZONE - YOU'RE DOING WELL! ➔ Use these controller medicines everyday.

<table>
<thead>
<tr>
<th>MEDICINE/ROUTE</th>
<th>HOW MUCH</th>
<th>HOW OFTEN</th>
</tr>
</thead>
</table>

- You have all of these:
  - Breathing is good
  - No cough or wheeze
  - Sleep through the night
  - Can go to school and play

- Peak flow from ____________ to ____________

- Take your quick-relief inhaler: ____________ __ minutes before exercise.

### YELLOW ZONE - CAUTION ➔ Continue with GREEN ZONE medicine and add quick-relief medicine.

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- You have any of these:
  - First signs of a cold
  - Cough
  - Mild wheeze
  - Tight chest
  - Waking at night due to coughing, wheezing or trouble breathing more than two times a month
  - Using quick-relief medicine more than 2 times a week other than before exercise

- Peak flow from ____________ to ____________

- CALL YOUR DOCTOR/NURSE: ____________

### RED ZONE - DANGER - GET HELP NOW! ➔ Take these medicines and call your doctor now.

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- Your asthma is getting worse fast:
  - Quick-relief medicine is not helping
  - Breathing is hard and fast
  - Nose opens wide
  - Ribs show
  - Can’t talk well

- Peak flow from ____________ to ____________

GET HELP FROM A DOCTOR NOW! If you cannot reach your doctor, go directly to the emergency room or call 911 and bring this form with you. DO NOT WAIT! Make an appointment with your doctor/nurse within two days of an ER visit or hospitalization.

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**Doctor/NP/PA Signature:** ____________________________ **Date:** ____________________________

**I give permission to the school nurse, my child’s doctor/NP/PA or ____________ to share information about my child’s asthma.**

**Parent/Guardian Signature:** ____________________________ **Date:** ____________________________