

# Pediatric Asthma Action Plan

Date: \_\_\_/\_\_\_/\_\_\_

Disease Severity: \_\_\_\_\_

Doctor/Phone: \_\_\_\_\_

Asthma Nurse/Therapist: \_\_\_\_\_

Name _____
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**Green Zone: ALL CLEAR**

Where your child should be everyday-NO asthma symptoms and able to do usual activities and sleep without cough, wheeze or breathing difficulty. Other Signs: \_\_\_\_\_

**Yellow Zone: CAUTION**

This is not where your child should be. Symptoms: coughing, wheezing, and mild shortness of breath. Sleep and usual activities may be disturbed.

Other signs: \_\_\_\_\_

**Red Zone: MEDICAL ALERT THIS IS AN EMERGENCY!**

Red zone means your child needs urgent medical care. Symptoms include frequent severe cough, severe shortness of breath, trouble talking, walking and rapid breathing and wheezing

Other signs: \_\_\_\_\_

**Action: Prevention-take these medicines everyday, good days and bad days. Use spacer with metered dose inhalers.**

Medication:	Dose:	Frequency
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Use \_\_\_\_\_ 15-20 minutes before exercise.

**Action: Relief of Symptoms - Keep taking green zone medications and:**

- Add quick relief medicine: \_\_\_\_\_
- If signs/symptoms improve within 20-60 minutes, continue green zone medications.
- If signs/symptoms do not improve after the first dose, go to the red zone plan.
- If symptoms return in 4 hours or less, repeat dose and continue to use quick relief medicine 4 times per day for the next 48 hours.  
Add: \_\_\_\_\_
- Call your doctor for further advice.

*Note: Call your doctor if your child keeps going into the yellow zone. The green zone plan may need to be changed to prevent this.*

**ACTION: REVERSAL of symptoms**

- TAKE: \_\_\_\_\_  
ADD: \_\_\_\_\_ Call your doctor now.
- If there is no improvement, GO TO THE EMERGENCY ROOM OR CALL 911.
- If your child returns to the yellow zone, follow the yellow zone plan and call your doctor.

<b>DANGER SIGNS:</b>	<b>THIS IS AN EMERGENCY! Give the</b>
<b>Trouble walking/talking</b>	<b>child</b> _____
<b>Blue lips and/or</b>	_____
<b>finger nails</b>	_____
<b>GO TO THE HOSPITAL OR CALL 911 NOW!!</b>	

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_