

I want to be able to: _____



Children's
Healthcare of Atlanta
Dedicated to All Better

My asthma action plan

Patient name: _____ DOB: _____

Doctor's name: _____ Signature: _____

Doctor's phone #: _____ Date: _____

| Controller medicines | How much to take | How often | Other instructions |
|----------------------|------------------|-----------------------------------------|----------------------------------------------------------|
| | | _____ times per day EVERY DAY | <input type="checkbox"/> Gargle or rinse mouth after use |
| | | _____ times per day EVERY DAY | |
| | | _____ times per day EVERY DAY | |

| Quick-relief medicines | How much to take | How often | Other instructions |
|------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| | <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4-6 puffs <input type="checkbox"/> 1 nebulizer treatment | Take ONLY as needed (see below — starting in Yellow Zone or before exercise) | NOTE: If you need this medicine more than 2 days a week, call your doctor. |

Asthma triggers (check all that apply):

- Exercise Change in temperature Molds Animals Strong odors or fumes Smoke
 Pollens Respiratory infections Dust Strong emotions Food/Other _____

Special instructions when I am ● **Doing well** ● **Be careful** ● **Ask for help**



GREEN ZONE

Doing well.

- No coughing, wheezing, chest tightness, shortness of breath during the day or night
- Can go to school and play



PREVENT asthma symptoms every day:

- Take my controller medicines (above) every day
- Before exercise, take _____ puff(s) of _____
- Avoid triggers that make my asthma worse (See above)



YELLOW ZONE

Be careful.

- Coughing, wheezing, chest tightness, shortness of breath
- Waking at night due to asthma symptoms
- Can do some, but not all, usual activities
- Runny nose, watery eyes



CAUTION. Continue taking my controller medicines every day.

- Take _____ puffs or _____ nebulizer treatment(s) of quick relief medicine. If I am not back in the **Green Zone** within one hour, then I should:
- Continue using quick relief medicine every 4 hours as needed. Call provider if not improving in _____ days.
- Increase _____
- Add _____



RED ZONE

Ask for help.

- Very short of breath
- Continual coughing
- Skin between ribs is pulling inwards
- Difficulty speaking without running out of breath
- Quick-relief medicines have not helped
- Symptoms same or worse after 48 hours in Yellow Zone



MEDICAL ALERT! Get help!

- Take quick-relief medicine: _____ puffs every _____ minutes and get help immediately.
- Take _____
- Call _____

If skin, fingernail or lip color is blue at any time:
Call 911 for help or go to the nearest Emergency Department