	Asthma Act	tion	Plan				f a traffic light will cines. Also pay attenti	
	Name		Date of Birth	Effective Date			Green means GO ZONE	
	Doctor		Parent/Guardiar				Use preventive medicing	
	Doctor's Office Phone Number: Day Emergency Contact After Parent Student is able to self medicate		Parent's Phone				Yellow means CAUTIC ZONE! Add prescribed)N _
			Contact Phone				yellow zone medicine	
						Red means DANGER 2 Get help from a doctor	_	
☐ Yes ☐ No								
GO (GREEN)			Use these medicines every day.					
Υ	ou have ALL of these:	Peak	Medicine		How Much to Take		When to Take It	
	Breathing is good flow No cough or wheeze	w above						
	Sleep through the night							
•	Can work or play							
		:			F	. Who are a state of the		
		:			For asthma v	vith exercise, take:		
		:						
C	AUTION (YELLOV	N)	Contin	ue with gr	een zor	ne medicine	and ADD:	
Υ	ou have ANY of these:	nd/or	Medicine		How M	uch to Take	When to	Take It
	flov	Peak • w from :	First	2	puffs or 1	vial by nebulizer	Every 4 hou	rs as needed
	Exposure to known trigger		Next Call Doctor	if no				
	Cough	to	improvem	ent				
	Mild wheeze Tight chest							
	Coughing at night	:	if quick reliever/y THEN CALL YOU		INE IS NEEDED	MORE THAN 2-3 TIMES	A WEEK,	
DANGER (RED) Take these medicines and call						es and call vo	our doctor.	
		nd/or Peak	Medicine		How M	uch to Take	When to	Take It
	Medicine is not helping flow	w below		2	puffs or 1	vial by nebulizer	· Immediately	- Call Doctor
	within 15-20 minutes Breathing is hard and fast							
	Nose opens wide							
	Ribs show		Get help from a doctor nov	v! Do not be afraid o	f causing a fuss	s. Your doctor will want t	o see vou right away. I	t is IMPORTANT! If
	Lips and/or fingernails blue Trouble walking and		you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT. Make an appointment with your primary care provider within two days of an ER visit or hospitalization.					
t	alking	:						
(Check all items that trigger yo	our asthma	a and things that could	make your asthma	a worse:	Asthn	na Tri	ggers
☐ Chalk dust ☐ Ozone alert days Foods ☐ Cigarette Smoke and second hand smoke ☐ Pests-rodents and cockroaches							iid iii	99013
☐ Colds/Flu ☐ Dust mites, dust, stuffed animals, carpet ☐ Exercise			Pets-animal dander					
				☐ Plants, flowers, cut grass, poller ☐ Strong odors, perfumes,				
Sudden temperature change		e	☐ cleaning products ☐ Wood Smoke					RESPIRATORY
	Mold		□ Wood 3illoi					RESPIRATORY HEALTH ASSOCIATION®
	Doctor's Signature/Stamp							ungchicago.org
						Adapted from the original de	esign by the Pediatric Asthm	a Coalition of New Jersey