

# ASTHMA EMERGENCY ACTION PLAN

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

Healthcare Provider: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

Healthcare Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Severity Classification	Triggers	Exercise
<input type="checkbox"/> Intermittent <input type="checkbox"/> Moderate Persistent  <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Severe Persistent	<input type="checkbox"/> Colds <input type="checkbox"/> Smoke <input type="checkbox"/> Weather <input type="checkbox"/> Exercise <input type="checkbox"/> Dust <input type="checkbox"/> Air Pollution <input type="checkbox"/> Animals <input type="checkbox"/> Food <input type="checkbox"/> Other: _____	Premedication (how much & when): _____ _____ Exercise modifications: _____ _____

Green Zone: Doing Well	Peak Flow Meter Personal Best =														
<b>Symptoms</b> <ul style="list-style-type: none"> <li>Breathing is good</li> <li>No cough or wheeze</li> <li>Can work and play</li> <li>Sleeps well at night</li> </ul> <b>Peak Flow Meter</b> More than 80% of personal best or _____	<b>Control Medications:</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Medicine</th> <th style="width: 33%;">How Much To Take</th> <th style="width: 34%;">When To Take It</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>			Medicine	How Much To Take	When To Take It	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____													
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_____	_____	_____													

Yellow Zone: Getting Worse	Contact Physician if using quick relief more than 2 times per week														
<b>Symptoms</b> <ul style="list-style-type: none"> <li>Some problems breathing</li> <li>Cough, wheeze or chest tight</li> <li>Problems working or playing</li> <li>Wake at night</li> </ul> <b>Peak Flow Meter</b> Between 50% and 80% of personal best or _____ to _____	<b>Control Medications:</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Medicine</th> <th style="width: 33%;">How Much To Take</th> <th style="width: 34%;">When To Take It</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <p><b>IF your symptoms (and peak flow, if used) return to Green Zone after one hour of quick-relief treatment, THEN</b></p> <input type="checkbox"/> Take quick-relief medicine every 4 hours for 1 to 2 days  <input type="checkbox"/> Change long-term control medicine by _____  <input type="checkbox"/> Contact physician for follow-up care         </div> <div style="width: 48%;"> <p><b>IF your symptoms (and peak flow, if used) DO NOT return to Green Zone after one hour of quick-relief treatment, THEN</b></p> <input type="checkbox"/> Take quick-relief treatment again  <input type="checkbox"/> Change long-term control medicine by _____  <input type="checkbox"/> Call physician within _____ hour(s) of modifying your medicine routine         </div> </div>			Medicine	How Much To Take	When To Take It	_____	_____	_____	_____	_____	_____	_____	_____	_____
Medicine	How Much To Take	When To Take It													
_____	_____	_____													
_____	_____	_____													
_____	_____	_____													

Red Zone: Medical Alert	Ambulance/Emergency Phone Number:														
<b>Symptoms</b> <ul style="list-style-type: none"> <li>Lots of problems breathing</li> <li>Cannot work or play</li> <li>Getting worse instead of better</li> <li>Medicine is not helping</li> </ul> <b>Peak Flow Meter</b> Less than 50% of personal best or _____ to _____	<b>Control Medications:</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Medicine</th> <th style="width: 33%;">How Much To Take</th> <th style="width: 34%;">When To Take It</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <p><b>Go to hospital or call ambulance if:</b></p> <input type="checkbox"/> Still in Red Zone after 15 minutes  <input type="checkbox"/> You have not been able to reach your physician for help  <input type="checkbox"/> _____         </div> <div style="width: 48%;"> <p><b>Call ambulance immediately if the following danger signs are present:</b></p> <input type="checkbox"/> Trouble walking/talking due to shortness of breath  <input type="checkbox"/> Lips or fingernails are blue         </div> </div>			Medicine	How Much To Take	When To Take It	_____	_____	_____	_____	_____	_____	_____	_____	_____
Medicine	How Much To Take	When To Take It													
_____	_____	_____													
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