Asthma Action Plan

Child's Name: _____ Date: _____

Doctor's Name: _____ Phone: _____

Doctor's Signature (if required): _____

Please bring all Medicines and Spacer to Office Visit.

Green Zone
Child is well.

Take these controller medicines every day, sick or well.

Child has all of these:
- Breathing is good
- No cough or wheeze
- Can play or exercise

1. _____
2. _____
3. _____
4. _____

If your child has symptoms with exercise, use quick-relief medicine with spacer ____ puffs 15 minutes before play.

Yellow Zone
Child is not well.

Continue controller medicines and add quick-relief medicine.

Child has any of these:
- Cough
- Wheezing
- Chest is tight or hurts
- Short of breath
- Symptoms disturb sleep

_____
_____
_____
_____
_____

Red Zone
Child has severe symptoms.

Give quick-relief medicine right away!

Child has any of these:
- Struggling to breathe
- Rib or neck muscles pulling
- Nostrils flare open
- Can't walk or talk well

_____
_____
_____
_____
_____