## Asthma Action Plan

Child's Name:	Date:
Doctor's Name:	Phone:
Doctor's Signature (if required):	
Please bring al	l 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  COUGH WHEEZE TIGHT CHEST A	Take quick-relief medicine (albuterol) puffs <i>OR</i> 1 vial nebulizer treatment every 4 hours.  If child is not better after days in yellow zone <i>OR</i> if child's symptoms are worsening, call your doctor.

## Red Zone

Child has severe symptoms.

Child has any of these:

- Struggling to breathe
- Rib or neck muscles pulling
- Nostrils flare open
- Can't walk or talk well

Give quick-relief medicine right away!

Take quick-relief medicine (albuterol) \_\_\_\_ puffs OR 1 vial nebulizer treatment and repeat in 20 minutes.

If child is better, call the doctor for further care instructions.

If child is worsening or not better after 2nd treatment, go to the closest emergency room or call 911.