

Finger Lakes Asthma Action Plan

(To Be Completed By Health Care Provider)

Updated On: _____

Name: _____ Date of Birth: _____ Grade _____ Address: _____

School Year: 200__ -- 200__ School/Daycare: _____ Emergency Contact/Phone: _____

Asthma Severity ☐ Mild Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent

Asthma Triggers ☐ Colds ☐ Exercise ☐ Animals ☐ Dust ☐ Smoke ☐ Food ☐ Weather ☐ Other



1. Green Zone: Good Control

Child feels good:

- Breathing is good
- No cough or wheeze
- Can work/play
- Sleeps all night



Personal Best Peak Flow _____

Peak flow in this area most of time:

_____ to _____

Controller Medicine - Use Every Day

Controller Medicine (Take At Home)	How much	When to take it

20 minutes before sports use this medicine:

Student may carry and use this medicine at school. (Check box)

☐ YES ☐ NO



2. Yellow Zone: Be Careful

Child has any of these:

- Cough
- Wheeze
- Tight Chest
- Wakes up at night



Peak flow in this area most of time:

_____ to _____

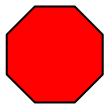
Take Daily Controller Medicine in Green Zone and Add this Reliever Medicine when needed for an asthma episode

Reliever Medicine	How much	When to take it

Student may carry and use this medicine at school. (Check box)

☐ YES ☐ NO

Call doctor if these medicines are used more than two times a week in the day or two times a month at night.



3. Red Zone: DANGER CALL DOCTOR NOW!

Child has any of these:

- Medicine not helping
- Breathing hard & fast
- Nose opens wide
- Can't walk or talk well
- Ribs show



Peak flow below:

Take These Medicines

Medicine	How much	When to take it



911

**Lips are bluish, Getting worse fast, Struggling to breathe,
Can't talk/cry because of hard breathing or Has passed out**

Health Care Provider Name: _____ Phone: _____ Fax: _____

Health Care Provider Signature: _____ Date: _____

Patient/Parent Signature: _____ Date: _____

WHITE – PATIENT COPY

YELLOW – SCHOOL/DAY CARE COPY

PINK – PROVIDER COPY

Developed by the Regional Community Asthma Network of the Finger Lakes (RCAN) and adapted from NHLBI - 9/01 revised 3/04