

3-Hole 1/4 4 1/4 c-10-c

Date: \_\_\_\_\_

Doctor's name \_\_\_\_\_

Doctor's phone number (weekday) \_\_\_\_\_ Phone number (after hours) \_\_\_\_\_

Appointment date and time or follow-up time frame \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

MRN# \_\_\_\_\_

Account/HAR# \_\_\_\_\_

PATIENT IDENTIFICATION

♦ **Bring Asthma Action Plan and all medicines to all Doctor's appointments.**

Begin Asthma Action Plan: \_\_\_\_\_

- Asthma triggers:**    Exercise    Cold/illness    Allergies (pollen, dust, mold, food, animals)    Emotions (anger, anxiety)  
 Smoke (cigarettes, cigars, fires)    Weather changes    Air pollution    Odors (perfume, cleaning products)    \_\_\_\_\_

**Every Day Medicines**

**Green Zone**

- Good breathing   • No coughing or wheezing   • Able to sleep through the night   • Can go to school, work or play

Go (Green Zone)	Controller Medicine	How much to take / How to take it	How often to take it

Before exercising, take: \_\_\_\_\_

Call your doctor if rescue medicine is needed more than two times a week (other than before exercise).

**Step 1**

**Asthma Action Plan**

**Yellow Zone**

- Runny nose   • Sore throat   • Mild chest tightness   • Alert and active   • Skin color pink  
• Watery eyes   • Breathing rate - normal or getting faster   • Mild cough or wheeze   • Mild breathing problems   • Shortness of breath

Caution (Yellow Zone)	Rescue Medicine	How much to take / How to take it	How often to take it

**Step 2**

↓  
Symptoms better  
↓

↓  
SYMPTOMS WORSE  
↓

- Continue rescue medicine for 24 hours
- Continue with Green Zone medicines

**Call your doctor now**  
Begin oral steroids if prescribed

**Red Zone - Poor Response**

- Breathing rate - fast   • Skin color pale   • Trouble talking   • Skin between ribs pulling in  
• Not as alert or active   • Severe chest tightness   • Waking up at night   • Bad wheezing  
• Severe breathing problems   • Continual cough   • Hunched shoulders

Danger (Red Zone)	Rescue Medicine	How much to take / How to take it	How often to take it

If skin, fingernail or lip color blue at any time:

**Call 911 for help or go to the nearest Emergency Department**

Always consult your child's doctor or other healthcare provider if you have any questions or concerns about the care or health of your child.

RN/Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_