| Name: | Date: | |
|---|--|--|
| Asthma A | ction Plan | |
| (Note: This information should not be used to diagnose a medical condition. Talk to your doctor if you or your child are struggling with asthma symptoms.) | Your child's name: Your child's asthma triggers: | |
| If your child has asthma, you should have an asthma action plan. This plan will help to prevent asthma attacks and to know what to do if there is an asthma attack. The colors of the traffic light will help you use your asthma medicine. | My child's doctor is: Name: Phone number: | |
| Green: Doing Well | | |
| In this zone, the child is: Not coughing Not wheezing No chest tightness No trouble breathing Able to do all normal things (like playing and walking) Peak flow more than 80% of personal best | In this zone, you should: Continue giving your child their normal controller medicines Controller medicines my child takes: Medicine: Dose: | |
| Yellow: Getting Worse | | |
| In this zone, the child is: Coughing, or Wheezing, or Having chest tightness, or Having trouble breathing, or Waking up at night because of asthma Not able to do some normal things (like playing), or Peak flow 50%-70% of personal best | In this zone, you should: • Give your child their quick relief medicine • Continue giving controller medicine like normal • Check symptoms every hour Quick relief medicines my child takes: Medicine: Dose: | |
| Red: Emergency | | |
| In this zone, the child is: Having a lot of trouble breathing, or Rescue medicines aren't helping, or In the Yellow Zone for more than 24 hours and not getting better, or Peak flow less than 50% of personal best | In this zone, you should: Give your child their rescue medicine Call their doctor If you can't reach the doctor and symptoms aren't going away, go to the hospital | |

Not able to do any normal things (like walking), or

| Rescue medicines my c | hild takes: |
|-----------------------|-------------|
|-----------------------|-------------|

| Medicine: | |
|-----------|--|
| Dose: | |



If you're ready to quit, call Quit Now Indiana at 1-800-QUIT-NOW (1-800-784-8669) or log on to equitnow.com for free, personalized support.