

# Asthma Action Plan

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

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Contact: \_\_\_\_\_

## Emergency Contact:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Asthma Triggers:

- Dust Mites
- Pollen
- Pet Dander
- Smoke
- Cold Air

## Daily Management:

Medications:

- Long-term Control: \_\_\_\_\_
- Rescue Medications: \_\_\_\_\_

## Action Plan:

### Green Zone: (Doing Well)

Symptoms: No coughing, wheezing, or shortness of breath.

Action: Continue taking daily medications.

### Yellow Zone: (Caution)

Symptoms: Coughing, wheezing, or early signs of asthma.

Action: Increase medication as directed and use rescue inhaler.

**Red Zone: (Emergency)**

Symptoms: Severe wheezing, trouble breathing, or unable to speak.

Action: Use rescue inhaler immediately and call 911 if symptoms do not improve.

**Additional Instructions:**

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**Doctor's Signature:**

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