

University of Michigan Hospitals & Health Centers
Asthma Action Plan for Patients 5 – 11 Years

Name: _____	
Reg #: _____	Date: _____
DOB: _____	Age: _____

<p>GREEN ZONE (Doing Well)</p> <p>✓ Breathing is good (no coughing, wheezing, chest tightness, or shortness of breath during the day or night), <i>and</i></p> <p>✓ Able to do usual activities (work, play, and exercise), <i>and</i></p> <p>✓ Peak flow is more than 80% of your child's personal best (_____)</p> <p>Personal Best: _____</p>	<p>Controller Medications</p> <p>Take these medication(s) EVERY DAY.</p>																							
	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">Medication</th> <th style="width: 50%;">Directions</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p><input type="checkbox"/> If your child usually has symptoms with exercise, then give: _____</p>	Medication	Directions																					
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<p>YELLOW ZONE (Caution)</p> <p>✓ Breathing problems (coughing, wheezing, chest tightness, shortness of breath, or waking up from sleep), <i>or</i></p> <p>✓ Can do some, but not all, usual activities, <i>or</i></p> <p>✓ Peak flow is between 60% to 80% of your child's personal best (_____ to _____)</p>	<p>Rescue Medications</p> <p>Continue giving the controller medication(s) as prescribed.</p>
	<p>Give: _____</p> <p>Then: ♦ Wait 20 minutes and see if the treatment(s) helped</p> <p>♦ If your child is GETTING WORSE or is NOT IMPROVING after the treatment(s), go to the Red Zone</p> <p>♦ If your child is BETTER, _____</p> <p>Then: If your child still has symptoms after 24 hours, CALL YOUR CHILD'S DOCTOR and if he/she agrees:</p> <p><input type="checkbox"/> Start: _____</p> <p><input type="checkbox"/> Other: _____</p> <p><i>If rescue medication is needed more than 2 times a week, call your child's doctor at _____.</i></p>

<p>RED ZONE (Medical Alert)</p> <p>✓ Breathing is hard and fast (nose opens wide, ribs show), <i>or</i></p> <p>✓ Rescue medications have not helped, <i>or</i></p> <p>✓ Cannot do usual activities (including trouble talking or walking), <i>or</i></p> <p>✓ Peak flow is less than 60% of your child's personal best (_____)</p>	<p>Emergency Treatment</p> <p>Take these medication(s) and seek medical help NOW.</p>
	<p>Take: _____</p> <p>Then: ♦ Wait 15 minutes and see if the treatment(s) helped</p> <p>♦ If your child is GETTING WORSE or is NOT IMPROVING, go to the hospital or call 9-1-1</p> <p>♦ If your child is BETTER, continue treatments every 4 to 6 hours and call your child's doctor – say your child is having an asthma attack and needs to be seen TODAY</p> <p>Then: <input type="checkbox"/> If your doctor agrees, start: _____</p> <p><input type="checkbox"/> Other: _____</p>

Plan Developed in Partnership with Patient's Family by (Doctor's Name): _____ Doctor Number: _____
 Signature: _____ Date/Time: _____