

# Student Asthma Action Plan



Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

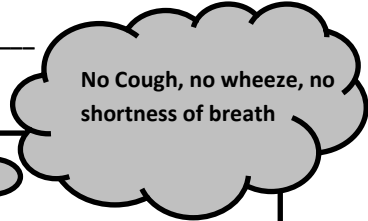
Parent/Guardian (print): \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

Doctor (print): \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

My Triggers: \_\_\_\_\_ My Best Peak Flow : \_\_\_\_\_



## GREEN ZONE

Peak Flow: \_\_\_\_\_ (80% of my best peak flow)



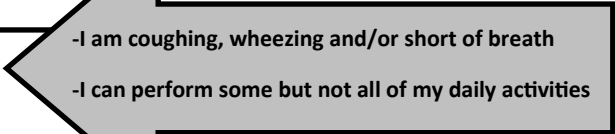
—> My Controller Medicine.....I take these daily

Medication	Dose	Frequency

—> 5 minutes before exercise I take: \_\_\_\_\_

## YELLOW ZONE

Peak Flow: \_\_\_\_\_ (50-79% of my best peak



**1st:**

-Add quick relief medicine and keep taking your Green Zone Medicine

\_\_\_\_\_  
(Quick Relief Med)

**2nd:**

*Did your symptoms improve and your peak flow return to the Green Zone within 1 hour?*

YES— continue monitoring

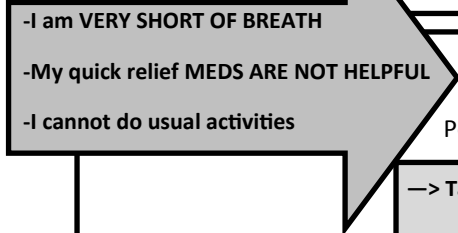
NO, take these medications:

Medication: \_\_\_\_\_

Medication: \_\_\_\_\_

flow)

Call Doctor before/within \_\_\_\_\_ hours of taking medication



## RED ZONE

Peak Flow: \_\_\_\_\_ (50% of my best peak flow)



—> Take this medication:

\_\_\_\_\_

—>Call your doctor NOW

—>if still in Red Zone after 15 minutes AND have not reached your doctor then, **GO TO HOSPITAL OR CALL 911**