

ASTHMA ACTION PLAN FOR YOUR CHILD

for Louisiana Healthcare Connections Members

Asthma Action Plan for Your Child

Name: _____ Personal Best Peak Flow: _____ Date: _____ Triggers: _____
 Provider's Name: _____ Provider's Phone: _____ Next Appt.: _____

Green Zone: "GO!"

Peak flow is greater than _____ (80%)
 See provider every _____ months.

Symptoms:

- No cough or wheeze
- Breathing is good
- Sleep through the night
- Can work and play



Asthma Medications:

| Take your daily preventive medicines: | How much | When |
|---------------------------------------|----------|------|
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| | | |

Take this medicine 5 minutes before exercise:

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| |

Other medication(s): _____

Yellow Zone: "CAUTION"

Peak flow is between _____ (50%) and _____ (80%)
 Call provider if in YELLOW ZONE for _____ hours.

Symptoms:

- Cough
- Wheeze
- Shortness of breath
- Chest tightness



Asthma Medications:

| Continue taking your daily preventive medicines. Add quick-relief medicines for symptoms: | How much |
|---|----------|
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| | |

If you go back to the **GREEN ZONE** after one hour, continue to watch your symptoms

| If your symptoms do not return to the GREEN ZONE after one hour of treatment, take: | How much |
|--|----------|
| | |
| | |
| | |

Add: _____ for _____ days

Red Zone: "DANGER!"

Peak flow is less than _____ (50%)

Call Provider's Office!

Symptoms:

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Constant coughing or wheezing
- Can't talk well
- Any severe symptoms



Asthma Medications:

| Take quick-relief medicine: | How much |
|-----------------------------|----------|
| | |
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| | |

Add: _____ How much _____

Go to the hospital or call 911 if you are still in the **RED ZONE** after 15 minutes and you have not reached your doctor

Call 911 if your child:

- Is breathing hard or fast
- Is sucking in chest or abdomen
- Can't walk or can't talk
- Has blue lips or fingers