

# Asthma Action Plan

To be completed by Primary Care Physician (PCP) or Medical Specialist

Counselor: _____
Cabin # _____
Session # _____

Participant Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Effective Date \_\_\_\_\_

Camp \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Parent's Phone \_\_\_\_\_

Primary Care Physician (PCP) or Specialist Name \_\_\_\_\_ PCP or Specialist Office Phone \_\_\_\_\_

Emergency Contact After Parent \_\_\_\_\_ Contact Phone \_\_\_\_\_

**Asthma Severity:**  Mild Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent

**Asthma Triggers:**  Colds  Exercise  Animals  Dust  Smoke  Food  Weather  Other: \_\_\_\_\_

## TAKE THESE MEDICINES EVERYDAY

### Child feels good:

- Breathing is good
- No cough or wheeze
- Can work/play
- Sleeps all night



MEDICINE:	HOW MUCH:	WHEN TO TAKE IT:

Green

Peak flow in this area:

\_\_\_\_\_ to \_\_\_\_\_

**20 MINUTES BEFORE EXERCISE USE THIS MEDICINE:**

--	--	--

## IF NOT FEELING WELL

## TAKE EVERYDAY MEDICINES AND ADD THESE RESCUE MEDICINES

### Child has any of these:

- Cough
- Wheeze
- Tight Chest



MEDICINE:	HOW MUCH:	WHEN TO TAKE IT:

Yellow

Peak flow in this area:

\_\_\_\_\_ to \_\_\_\_\_

Call your PCP's or Specialist's office if the symptoms don't improve in \_\_\_ days OR if the flare lasts for longer than \_\_\_ days. After \_\_\_\_\_ days go back to GREEN ZONE and take everyday medications as instructed.

## IF FEELING VERY SICK CALL 911 NOW!

## TAKE THESE MEDICINES

### Child has any of these:

- Medicine not helping
- Breathing is hard and fast
- Lips and fingernails are blue
- Can't walk or talk well



MEDICINE:	HOW MUCH:	WHEN TO TAKE IT:

Red

Peak flow below:

\_\_\_\_\_

**Call 911 or go to the nearest emergency room and bring this form with you!**

I give permission to the doctor, nurse, health plan, and other health care providers to share information about my child's asthma to help improve the health of my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Health Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

It is my professional opinion this child should carry his/her inhaled medication by him/herself.