

I want to be able to: _____



Children's[™]
Healthcare of Atlanta
Dedicated to All Better

My asthma action plan

Patient name: _____ DOB: _____

Doctor's name: _____ Signature: _____

Doctor's phone #: _____ Date: _____

Controller medicines	How much to take	How often	Other instructions
		_____ times per day EVERY DAY	<input type="checkbox"/> Gargle or rinse mouth after use
		_____ times per day EVERY DAY	
		_____ times per day EVERY DAY	
Quick-relief medicines	How much to take	How often	Other instructions
	<input type="checkbox"/> 2 puffs <input type="checkbox"/> 4-6 puffs <input type="checkbox"/> 1 nebulizer treatment	Take ONLY as needed (see below — starting in Yellow Zone or before exercise)	NOTE: If you need this medicine more than 2 days a week, call your doctor.

Asthma triggers (check all that apply):

- ☐ Exercise ☐ Change in temperature ☐ Molds ☐ Animals ☐ Strong odors or fumes ☐ Smoke
☐ Pollens ☐ Respiratory infections ☐ Dust ☐ Strong emotions ☐ Food/Other _____

Special instructions when I am



Doing well



Be careful



Ask for help

Doing **well**.

- No coughing, wheezing, chest tightness, shortness of breath during the day or night
- Can go to school and play



PREVENT asthma symptoms every day:

- ☐ Take my controller medicines (above) every day
- ☐ Before exercise, take _____ puff(s) of _____
- ☐ Avoid triggers that make my asthma worse (See above)

Be **careful**.

- Coughing, wheezing, chest tightness, shortness of breath
- Waking at night due to asthma symptoms
- Can do some, but not all, usual activities
- Runny nose, watery eyes



CAUTION. Continue taking my controller medicines every day.

- ☐ Take _____ puffs or _____ nebulizer treatment(s) of quick relief medicine. If I am not back in the **Green Zone** within one hour, then I should:
- ☐ Continue using quick relief medicine every 4 hours as needed. Call provider if not improving in _____ days.
- ☐ Increase _____
- ☐ Add _____

Ask for **help**.

- Very short of breath
- Continual coughing
- Skin between ribs is pulling inwards
- Difficulty speaking without running out of breath
- Quick-relief medicines have not helped
- Symptoms same or worse after 48 hours in Yellow Zone



MEDICAL ALERT! Get help!

- ☐ Take quick-relief medicine: _____ puffs every _____ minutes and get help immediately.
- ☐ Take _____
- ☐ Call _____

If skin, fingernail or lip color is blue at any time:

Call 911 for help or go to the nearest Emergency Department

My Asthma Action Plan

DOB: _____

Signature: _____

Date: _____

Controller medicines	How much to take	How often	Other instructions
		EVERY DAY _____ times a day	
		EVERY DAY _____ times a day	
		EVERY DAY _____ times a day	
Quick relief medicines	How much to take	How often	Other instructions
1-2 puffs 3-4 puffs 5-6 puffs or more		If you need it more often than every 4 hours, call your doctor.	NOTE: If you need this medicine more than 2 days a week, call your doctor.

Always keep your inhaler with you. Check all that apply:

- ☐ Exercise ☐ Changes in temperature ☐ Allergies ☐ Animals ☐ Strong odors or fumes ☐ Smoke
- ☐ Pollen ☐ Respiratory infections ☐ Dust ☐ Strong emotions

Special instructions when I am: ☐ Doing well ☐ Be careful ☐ Ask for help

Doing well

- I am keeping my asthma under control.
- I am taking my medicine as directed.
- I am going to school and play.

Be careful

- I am having trouble breathing.
- I am coughing a lot.
- I am having trouble sleeping.
- I am having trouble going to school.
- I am having trouble playing.

Ask for help

- I am having trouble breathing.
- I am coughing a lot.
- I am having trouble sleeping.
- I am having trouble going to school.
- I am having trouble playing.

Tell your doctor if you are having trouble breathing or if you are having trouble going to school or playing.