

Asthma Action Plan (AAP)

Name:		DOB:		CIF:	
Parent/Guardian:			Phone: ()		
Health Care Provider:			Phone: ()		
School:		Phone: ()		Fax: ()	
Asthma Severity:		Intermittent		Mild Persistent	
				Moderate Persistent	
					Severe Persistent
1. Green Zone		Take <u>controller medicine</u> every day <i>(this may include allergy medicine.)</i>			
		Medicine		How Much	When to Take
<ul style="list-style-type: none"> ➤ Breathing is easy ➤ Can work and play ➤ Can sleep at night ➤ No cough or wheeze <p>Peak Flow Range: _____ to _____ <i>(80% - 100% of Personal Best/Predicted)</i></p> <p>Height: _____</p>		GO!			
		Pre-exercise medication: 10 – 20 min before activity as needed:			
2. Yellow Zone		Keep taking Green Zone <u>controller medicines</u> . Take the following <u>reliever medicines</u> to keep asthma from getting worse.			
		Medicine		How Much	When to Take
<ul style="list-style-type: none"> ➤ Cold or runny nose ➤ Coughs during day ➤ Wheeze or tight chest ➤ Wake up at night with cough <p>Peak Flow Range: _____ to _____ <i>(50% - 79% of Personal Best/Predicted)</i></p>		Slow Down			
		Call health care provider if reliever medicine does not last 4 hours, if you are in the Yellow Zone more than 48 hours, or if you need to start reliever medicines more than 2 times per week.			
3. Red Zone		Take these medicines <u>NOW</u> and call your health care provider .			
		Medicine		How Much	When to Take
<ul style="list-style-type: none"> ➤ Medicine is not helping ➤ Breathing is hard and fast ➤ Can't talk well ➤ Ribs show ➤ Getting worse ➤ Coughs continuously <p>Peak Flow Range: _____ to _____ <i>(Less than 50% of Personal Best/Predicted)</i></p>		STOP			
		If breathing does not improve and you cannot contact your health care provider, go to the emergency room.			
Call 9-1-1 if:		➤ Difficulty walking, talking, or drinking		➤ You cannot get air	
		➤ Fingernails or lips are grey or blue		➤ You are worried about getting through the next 20 minutes	
This form provides authorization from the health care provider to administer above medicine as provided by parent or guardian. Student may carry reliever medicines after approval by the Health Office.					
Health Care Provider signature:			This AAP is good for one year beginning:		