



Asthma Action Plan

Breathing easier in Iowa
The Iowa Asthma Control Program

www.idph.state.ia.us

(Press Firmly)

The colors of the traffic light will help you use your asthma medicines.

Name	Date of Birth	Effective Date / / to / /
Doctor		Parent/Guardian
Doctor's Office Phone Number		Parent's Phone
Emergency Contact After Parent		Contact Phone



Green means Go Zone!
Use preventive medicine.

Yellow means Caution Zone!
Add prescribed yellow zone medicine.

Red means Danger Zone!
Get help from a doctor.

Pay Attention to Symptoms.

GO (Green)

You have **all** of these:

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

Peak flow from _____
to _____

Personal Best Peak Flow

CAUTION (Yellow)

You have **any** of these:

- First sign of cold
- Exposure to known trigger
- Cough
- Mild wheeze
- Tight chest
- Coughing at night

Peak flow from _____
to _____

DANGER (Red)

Your asthma is getting **worse fast**:

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Lips blue
- Fingernails blue
- Trouble walking and talking

Peak flow from _____
to _____

Use these medicines every day

MEDICINE/DOSAGE	HOW MUCH TO TAKE	WHEN TO TAKE IT
COMMENTS:		

For asthma with exercise, take:

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Continue with green zone medicine and ADD:

MEDICINE/DOSAGE	HOW MUCH TO TAKE	WHEN TO TAKE IT
COMMENTS:		

IF QUICK RELIEVER/YELLOW ZONE MEDICINE IS NEEDED MORE THAN 2-3 TIMES A WEEK THEN CALL YOUR DOCTOR.

Take these medicines and call your doctor

EMERGENCY MEDICINE/DOSAGE	HOW MUCH TO TAKE	WHEN TO TAKE IT
COMMENTS:		

Get help from a doctor now! It's important!

Asthma is a potentially life threatening illness. If you cannot contact your doctor, go directly to the emergency room. **DO NOT WAIT.** Make an appointment with your primary care provider within two days of an ER visit or hospitalization.

Check all items that trigger your asthma and things that could make your asthma worse:

- Chalk Dust
- Cigarette smoke & second hand smoke
- Colds/Flu
- Dust mites, dust, stuffed animals, carpet
- Exercise
- Mold
- Ozone alert days
- Pests - rodents & cockroaches
- Pets - animal dander
- Plants, flowers, cut grass, pollen
- Strong odors, perfumes, cleaning products, scented products
- Sudden temperature change
- Wood smoke
- Foods: _____
- Other: _____

This student is capable and has been instructed in the proper method of self-administering the medications named above (or attached prescription).

This student is not approved to self-medicate.

Check asthma severity: Mild Intermittent Mild Persistent Moderate Persistent Severe Persistent

PHYSICIAN SIGNATURE _____

PHYSICIAN STAMP

WHITE - School/Child Care Copy

Pink - Family Copy

Yellow - Doctor Copy

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