



Breathing easier in Iowa  
The Iowa Asthma Control Program

www.idph.state.ia.us

# Asthma Action Plan

(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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