

Montana Asthma Action Plan



Name _____ Age _____ Visiting nurse _____ Phone _____

Parent/guardian _____ Phone 1 _____ Phone 2 _____

Healthcare provider _____ Phone _____ Fax _____

Green Zone	<p style="text-align: center;">Child is feeling well</p> <ul style="list-style-type: none">No difficulty participating in usual activitiesNo chest tightness, shortness of breath, wheezing, or coughing during the day or night <p><u>Take these controller medications every day:</u></p> <table><thead><tr><th>Name</th><th>Dose</th><th>When to take it</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table> <p>Before exercise: Medication _____ Dosage _____ minutes prior to activity</p>	Name	Dose	When to take it	_____	_____	_____	_____	_____	_____
Name	Dose	When to take it								
_____	_____	_____								
_____	_____	_____								
Yellow Zone	<p style="text-align: center;">Child is not feeling well</p> <ul style="list-style-type: none">Chest tightness, shortness of breath, wheezing, or coughing with usual activitiesWaking at night due to asthma symptoms <p><u>Continue taking controller medication(s) and add these quick-relief medications:</u></p> <table><thead><tr><th>Name</th><th>Dose</th><th>When to take it</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table> <p>Call child's healthcare provider if: _____</p> <p>_____</p>	Name	Dose	When to take it	_____	_____	_____	_____	_____	_____
Name	Dose	When to take it								
_____	_____	_____								
_____	_____	_____								
Red Zone	<p style="text-align: center;">Alert! Contact child's healthcare provider or call 911 if:</p> <ul style="list-style-type: none">Quick-relief medication is not helpingBreathing is hard and fastRibs are showing and nostrils are flaringCan't walk or talk well <p><u>Take the following medications, and call the child's healthcare provider or 911 right away:</u></p> <table><thead><tr><th>Medicine</th><th>Dose</th><th>When to Take it</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>	Medicine	Dose	When to Take it	_____	_____	_____	_____	_____	_____
Medicine	Dose	When to Take it								
_____	_____	_____								
_____	_____	_____								

Other key medical information

Child's asthma triggers, and other useful information: _____

Reviewed by parent/guardian _____ Date _____

Reviewed by home visiting nurse _____ Date _____

Reviewed by child's healthcare provider _____ Date _____