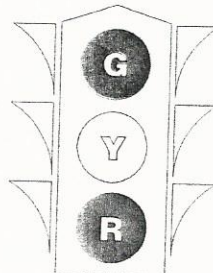


# Asthma Action Plan

(Meets NJ Law N.J.S.A. 18A:40-12.8)

**(Press Firmly)**

Name	Date of Birth	Effective Date / / to / /
Doctor		Phone
Parent /Guardian (if applicable)		Parent's Phone
Emergency Contact Person		Contact Phone



**Green means Go Zone!**  
Use prescribed green zone medicine.

**Yellow means Caution Zone!**  
Add prescribed yellow zone medicine.

**Red means Danger Zone!**  
Get help from a doctor.

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

## GO (Green)

You have **all** of these:

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

And/or Peak flow above \_\_\_\_\_



## CAUTION (Yellow)

You have **any** of these:

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

And/or Peak flow from \_\_\_\_\_ to \_\_\_\_\_



## DANGER (Red)

Your asthma is getting **worse fast**:

- Medicine is not helping within 15-20 minutes
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Lips blue
- Fingernails blue
- Trouble walking and talking

And/or Peak flow below \_\_\_\_\_



## Use these medicines every day.

MEDICINE	HOW MUCH TO TAKE	WHEN TO TAKE IT

For asthma with exercise, take:

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## Continue with green zone medicine and ADD:

MEDICINE	HOW MUCH TO TAKE	WHEN TO TAKE IT
<b>FIRST</b> ➡		
<b>NEXT</b> ➡		

➡ **IF QUICK RELIEVER MEDICINE IS NEEDED MORE THAN 2-3 TIMES A WEEK THEN CALL YOUR DOCTOR.**

## Take these medicines and call your doctor NOW!

EMERGENCY MEDICINE	HOW MUCH TO TAKE	WHEN TO TAKE IT

## 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 you 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: \_\_\_\_\_

**FOR MINORS ONLY:**

- This student is capable and has been instructed in the proper method of self-administering the medications named above.
- This student is not approved to self-medicate.

PHYSICIAN/APN/PA SIGNATURE \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

PHYSICIAN STAMP

Approved by the New Jersey Thoracic Society, Medical Section of the American Lung Association of New Jersey.

Adapted from the NYC Childhood Asthma Initiative  
Adapted from the NHLBI

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