

What is the Asthma Action Plan?

By publisher

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The Asthma Action Plan is a set of instructions your doctor will give you to tell you when your child should take his or her prescribed asthma medication.

Asthma Action Plan
(To be completed by Health Care Provider)

Name: _____ Date: _____
Address: _____
Health Care Provider Name: _____
Asthma Severity: Mild Intermittent Mild Persistent Moderate Persistent Severe Persistent
Asthma Triggers: Cold Exercise Allergens Dust Smoke Cold Weather Other _____

If Feeling Well Take Every Day Long-Term Control Medication
No more than 2 days a week:
- Sneezing or runny nose
- Itchy throat or itchy eyes
- Cough at night
- Sleeps at night
Peak flow is in the _____ zone
5-15 minutes before exercise use this medicine.

MEDICINE	HOW MUCH	WHEN TO TAKE IT

If Not Feeling Well Take Every Day Medication, and **2-3** Short-Acting Medication
No more than 2 days a week:
- Cough
- Wheezing
- Nighttime coughing
- Coughing at night
Peak flow is in the _____ zone
Call doctor if these medicines are used more than two days a week.

MEDICINE	HOW MUCH	WHEN TO TAKE IT

If Feeling Very Sick Take These Medication, and Get help from a Doctor NOW!
No more than 2 days a week:
- Waking up at night
- Trouble breathing
- Sneezing, itchy throat and itchy eyes
- Cough at night
- Peak flow is in the _____ zone
SEEK EMERGENCY CARE OR CALL 911 IMMEDIATELY if you experience:
- Trouble breathing, hard to breathe, can't talk or if someone has had trouble breathing
- Peak flow is in the _____ zone
- If you are hospitalized, call your doctor if you experience any of the above symptoms.

MEDICINE	HOW MUCH	WHEN TO TAKE IT

Health Care Provider Signature: _____ Date: _____

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Asthma Action Plan

Printable Asthma Action Plans

[Asthma Action Plan for New York City] (<http://www.nyc.gov/html/doh/downloads/pdf/asthma/plan1.pdf>) [Asthma Action Plan for other New York Areas outside of New York City] (<http://www.health.state.ny.us/diseases/asthma/pdf/4850.pdf>)

[What about letting my child play outside or in sports?](#) [up](#) [How can the Asthma Action Plan help me take control of my child's asthma?](#)

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