

Asthma Action Plan

for Children 3 to 11 Years Old



This **action plan** is a guide to help you manage the signs and symptoms of your child's asthma. You and your child's doctor should complete this plan together at your child's next visit. The three colors (zones), **green**, **yellow** and **red**, help you decide what to do.

	Status	Symptoms	Actions
GREEN	Green means GO!	Peak Flow: _____ to _____ <small>(80% to 100% of personal best peak flow reading)</small> Your child has <u>all</u> of these: <ul style="list-style-type: none"> • Breathing is good • No cough or wheeze • Sleep through the night • Can work and play 	Use these medicines every day to prevent symptoms. Medicine name: _____ Dose: _____ Times a day: _____ Medicine name: _____ Dose: _____ Times a day: _____ Medicine name: _____ Dose: _____ Times a day: _____ If your child has asthma symptoms with exercise, then give this medicine before exercising: Medicine name: _____ Dose: _____ Times a day: _____
YELLOW	Yellow means CAUTION; SLOW DOWN!	Peak Flow: _____ to _____ <small>(50% to 79% of personal best peak flow reading)</small> Your child has <u>any</u> of these: <ul style="list-style-type: none"> • First signs of a cold • Exposure to known trigger • Cough • Wheeze • Tight chest • Coughing at night • Mild retractions • Breathing a little faster than usual 	Use GREEN ZONE medicines and add rescue medicine: Medicine name: _____ Dose: _____ Times a day: _____ Then: Wait 20 minutes and see if the treatment(s) helped. If your child is GETTING WORSE or NOT IMPROVING after the treatment(s) GO TO RED ZONE ACTIONS If your child is BETTER , continue treatments every _____ hours as needed for 24 to 48 hours. Then: If your child still has symptoms after 24 hours, CALL YOUR CHILD'S DOCTOR. If symptoms continue, or if rescue medicine use is needed more than two times a week, call or make an appointment with your child's doctor.
RED	Red means DANGER ZONE! GET MEDICAL HELP IMMEDIATELY!	Peak Flow: _____ to _____ <small>(Less than 50% of personal best peak flow reading)</small> Your child's asthma is getting worse fast: <ul style="list-style-type: none"> <li style="width: 50%;">• Medicine is not helping <li style="width: 50%;">• Getting nervous/restless <li style="width: 50%;">• Breathing is hard and fast <li style="width: 50%;">• Retractions <li style="width: 50%;">• Nose opens wide <li style="width: 50%;">• Can't talk well 	GIVE THESE MEDICINES AND SEEK MEDICAL HELP NOW! Continue green and yellow zone medicines and add rescue medicine: Medicine name: _____ Dose: _____ Times a day: _____ Medicine name: _____ Dose: _____ Times a day: _____

Lower Your Child's Risk of Asthma Complications



Communicating with your child's doctor and knowing what is normal for your child is important for his or her successful self-management.

Name: _____	Birth Date: _____	Date: _____
Parent/Guardian: _____ Phone #'s: _____	Doctor's Name: _____ Phone # _____ Fax: _____	
Things that make your child's asthma worse (Triggers) • smoke • pets • mold • dust • tree/grass/weed pollen • colds/viruses • exercise • other: _____		

General

- Prevent illness with a flu shot every year. Ask your child's doctor about the pneumonia vaccine.
- Pulmonary Function Tests or Spirometry should be done upon initial diagnosis of asthma then every 1 to 2 years to assess lung health.
- Have a copy of your child's asthma action plan wherever he or she spends a lot of their time.

Know your child's triggers

Some irritants may trigger an asthma attack more than others. Identify which triggers increase your child's asthma symptoms so you can help him or her avoid them.

Eliminate irritants

Animal dander, dust mites, pollen, mold, strong odors, and sprays can increase asthma symptoms. Reduce these by keeping your home clean or avoiding them.

Give medications

Follow your child's doctor's directions for giving medications. Let the doctor know if symptoms persist or if there is no improvement. He or she can adjust the dosage or type of medicine.

Communicate with your child's provider

Take an active role in discussing symptoms, asking questions, making decisions, and developing a treatment plan with your child's doctor.

Secondhand Smoke

Secondhand smoke is a combination of the smoke coming from the burning end of a cigarette or cigar (side stream smoke) and the smoke that is exhaled by a smoker (mainstream smoke) — it is almost as dangerous as smoking.

Breathing in secondhand smoke can significantly increase someone's risk for the development of asthma and can trigger attacks in those who already have it.

Smoking should be done outside, away from other people, especially kids and anyone who's pregnant. Smoke lingers in the air hours after cigarettes are put out. So even if someone smokes in a room alone, other people will eventually inhale that smoke, too.

Thirdhand Smoke

Because smoke sticks to people and their clothing, when smokers come back inside, they should wash their hands and change their clothes, especially before holding or hugging children.

Exercise Induced Asthma

Most people with asthma have symptoms when they exercise. But some people have asthma symptoms only during or after exercise: This is known as exercise-induced asthma (EIA).

If your child has exercise-induced asthma, his or her doctor may want asthma medicine to be taken before being really active. This is often the same quick-relief medicine used for flare-ups. Your child should breathe the medicine directly into the lungs before exercising, and it works immediately to open up the airways. Doctors sometimes call this pre-treatment.

Peak Flow Meter

Ask your child's doctor about when it would be right to teach your child to use a peak flow meter.