

Massachusetts Asthma Action Plan

Name:		Date:
Birth Date:	Doctor/Nurse Name	Doctor/Nurse Phone #
Patient Goal:		Parent/Guardian Name & Phone
Important! Avoid things that make your asthma worse:		



The colors of a traffic light will help You use your asthma medicine.

Green means Go Zone!
Use controller medicine.

Yellow means Caution Zone!
Add quick-relief medicine.

Red means Danger Zone!
Get help from a doctor.

Personal Best Peak Flow: _____

GO – You're Doing Well! ➡ **Use these daily controller medicines:**

You have all of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can go to school and play



Peak flow from _____
to _____

MEDICINE/ROUTE	HOW MUCH	HOW OFTEN/ WHEN

CAUTION – Slow Down! ➡ **Continue with green zone medicine and add:**

You have any of these:

- First signs of a cold
- Cough
- Mild wheeze
- Tight Chest
- Coughing, wheezing, or trouble breathing at night



Peak flow from _____
to _____

MEDICINE/ROUTE	HOW MUCH	HOW OFTEN/ WHEN

CALL YOUR DOCTOR/ NURSE: _____

EMERGENCY – Call 911 or go to the ER now!

Your asthma is getting worse fast:

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Can't talk well



Peak flow from _____
to _____

MEDICINE/ROUTE	HOW MUCH	HOW OFTEN/ WHEN

GET HELP FROM A DOCTOR NOW! Do not be afraid of causing a fuss. Your doctor will want to see you right away. It's important! If you cannot contact your doctor, go directly to the emergency room and bring this form with you. DO NOT WAIT.

Make an appointment with your doctor / nurse within two days of an ER visit or hospitalization.

Doctor /NP/PA Signature: _____ Date: _____

I give permission to the school nurse, my child's doctor/NP/PA or _____ to share information about my child's asthma

Parent/Guardian Signature: _____ Date: _____

****SEE BACK OF SCHOOL COPY FOR STUDENT MEDICATION ADMINISTRATION AUTHORIZATION****