

Name: _____	
Reg #:	Date: _____
DOB:	Age: _____

<p>GREEN ZONE (Doing Well)</p> <ul style="list-style-type: none"> ✓ Breathing is good (no coughing, wheezing, chest tightness, or shortness of breath during the day or night), <i>and</i> ✓ Able to do usual activities (work, play, and exercise) 	<p>Controller Medications Give these medication(s) to your child EVERY DAY.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Medication</th> <th style="width: 50%;">Directions</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Medication	Directions														
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<p>YELLOW ZONE (Caution)</p> <ul style="list-style-type: none"> ✓ Breathing problems (coughing, wheezing, chest tightness, shortness of breath, or waking up from sleep), <i>or</i> ✓ Can do some, but not all, usual activities <p><i>Call your doctor if you are not sure whether your child's symptoms are due to asthma.</i></p>	<p>Rescue Medications Continue giving the controller medication(s) as prescribed.</p> <p>Give: _____</p> <p>Then: ♦ Wait 20 minutes and see if the treatment(s) helped</p> <ul style="list-style-type: none"> ♦ If your child is GETTING WORSE or is NOT IMPROVING after the treatment(s), go to the Red Zone ♦ If your child is BETTER, _____ <p>Then: If your child still has symptoms after 24 hours, CALL YOUR CHILD'S DOCTOR and if he/she agrees:</p> <p><input type="checkbox"/> Start: _____</p> <p><input type="checkbox"/> Other: _____</p> <p><i>If rescue medication is needed more than 2 times a week, call your child's doctor at _____.</i></p>																
<p>RED ZONE (Medical Alert)</p> <ul style="list-style-type: none"> ✓ Breathing is hard and fast (nose opens wide, ribs show), <i>or</i> ✓ Quick-relief medications have not helped, <i>or</i> ✓ Cannot do usual activities (including trouble talking or walking) 	<p>Emergency Treatment Give these medication(s) AND seek medical help NOW.</p> <p>Take: _____</p> <p>Then: ♦ Wait 15 minutes and see if the treatment(s) helped</p> <ul style="list-style-type: none"> ♦ If your child is GETTING WORSE or is NOT IMPROVING, go to the hospital or call 9-1-1 ♦ If your child is BETTER, continue treatments every 4 to 6 hours and call your child's doctor – say your child is having an asthma attack and needs to be seen TODAY <p>Then: <input type="checkbox"/> If your doctor agrees, start: _____</p> <p><input type="checkbox"/> Other: _____</p>																

Plan Developed in Partnership with Patient's Family by (Doctor's Name): _____ Doctor Number: _____
 Signature: _____ Date/Time: _____