

# Massachusetts Asthma Action Plan

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

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



**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 \_\_\_\_\_

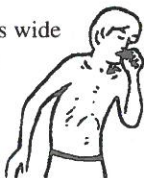
MEDICINE/ROUTE	HOW MUCH	HOW OFTEN/WHEN

CALL YOUR DOCTOR/NURSE: \_\_\_\_\_

**DANGER – Get Help! ➡ Take these medicines and call your doctor 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\*\***

ADAPTED FROM NIH PUBLICATION (7/20/01)

White Copy: Patient/Parent

Green Copy: Provider

Yellow Copy: School/Other