

Asthma Action Plan Infants (0 - 4 years old)



This form is free to download and use

Child's Name <input style="width: 90%;" type="text"/>	Age <input style="width: 80%;" type="text"/>	Birth Date <input style="width: 80%;" type="text"/>	Today's Date <input style="width: 80%;" type="text"/>
Parent/Guardian <input style="width: 90%;" type="text"/>	Doctor <input style="width: 80%;" type="text"/>	Phone <input style="width: 80%;" type="text"/>	
Phone <input style="width: 20%;" type="text"/> Phone <input style="width: 20%;" type="text"/>	Specialist <input style="width: 80%;" type="text"/>	Phone <input style="width: 80%;" type="text"/>	

GO! (GREEN Zone) Use these controller medicines every day

Child has ALL of these:	Asthma, Allergy and GERD/Acid Reflux Medicines	How much to take & when to take it
<ul style="list-style-type: none"> ✓ Breathing is good ✓ No cough or wheeze ✓ Sleeps through the night ✓ Able to play 	<input style="width: 95%;" type="text"/> <input style="width: 5%; border: none; border-bottom: 1px solid black; text-align: center; font-size: 0.8em;"/> ▼	<input style="width: 95%;" type="text"/> <input style="width: 5%; border: none; border-bottom: 1px solid black; text-align: center; font-size: 0.8em;"/> ▼
	<input style="width: 95%;" type="text"/> <input style="width: 5%; border: none; border-bottom: 1px solid black; text-align: center; font-size: 0.8em;"/> ▼	<input style="width: 95%;" type="text"/> <input style="width: 5%; border: none; border-bottom: 1px solid black; text-align: center; font-size: 0.8em;"/> ▼
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WATCH OUT! (YELLOW Zone) Keep using Green Zone medicines and ADD this quick-relief medicine

Child has ANY of these:	Asthma Rescue Medicine	How much to take & when to take it
<ul style="list-style-type: none"> ✓ First sign of a cold ✓ Trouble playing ✓ Exposure to known trigger ✓ Cough ✓ Wheeze ✓ Tight chest ✓ Waking at night 	First: <input style="width: 95%;" type="text"/> <input style="width: 5%; border: none; border-bottom: 1px solid black; text-align: center; font-size: 0.8em;"/> ▼ May repeat treatment every 20 minutes, if needed.	<input style="width: 95%;" type="text"/> <input style="width: 5%; border: none; border-bottom: 1px solid black; text-align: center; font-size: 0.8em;"/> ▼
	Next: <ul style="list-style-type: none"> ▶ If <u>not</u> breathing better after 2 treatments, 20 minutes apart, GO TO RED ZONE. ▶ If breathing better, take treatments every 4 to 6 hours as needed for up to 2 days. 	
	Call the doctor: <ul style="list-style-type: none"> ▶ If at any time, quick-relief medicine does not last for 4 hours, OR ▶ If quick-relief medicine is needed more than 2 times a week. 	
	Doctor's Name and Phone: <input style="width: 95%;" type="text"/>	

DANGER! (RED Zone) Use these emergency medicines AND get medical help NOW!

Asthma is MUCH worse:	Asthma Rescue Medicine	How much to take & when to take it
<ul style="list-style-type: none"> ✓ Medicine has not helped ✓ Ribs suck in ✓ Breathing is hard, fast ✓ Lips, fingernails are blue ✓ Nose opens wide ✓ Trouble walking, talking 	First: <input style="width: 95%;" type="text"/> <input style="width: 5%; border: none; border-bottom: 1px solid black; text-align: center; font-size: 0.8em;"/> ▼	<input style="width: 95%;" type="text"/> <input style="width: 5%; border: none; border-bottom: 1px solid black; text-align: center; font-size: 0.8em;"/> ▼
	Next: <ul style="list-style-type: none"> ▶ Wait 15 minutes to see if the treatment(s) helped. ▶ If <u>not</u> breathing better, GO TO THE EMERGENCY DEPARTMENT or CALL 9-1-1. ▶ If breathing better, keep taking treatments every 4 to 6 hours and CALL THE DOCTOR FOR AN APPOINTMENT TODAY! ▶ Make an appointment with your doctor within 2 days of an ED visit or hospitalization. 	

Check all the items that can trigger child's asthma and/or make it worse:

<input type="checkbox"/> Cigarette smoke	<input type="checkbox"/> Wood smoke	<input type="checkbox"/> Reflux / GERD
<input type="checkbox"/> Colds/flu	<input type="checkbox"/> Dust, dust mites, stuffed animals, carpet	<input type="checkbox"/> Strong odors, perfumes, cleaners
<input type="checkbox"/> Exercise or play	<input type="checkbox"/> Sudden weather, temperature changes	<input type="checkbox"/> Foods: <input style="width: 80%;" type="text"/>
<input type="checkbox"/> Mold (indoors or outdoors)	<input type="checkbox"/> Cockroaches	<input type="checkbox"/> Other: <input style="width: 80%;" type="text"/>
<input type="checkbox"/> Animal dander, rodents	<input type="checkbox"/> Plants, flowers, cut grass, pollen	<input style="width: 80%;" type="text"/>
<input type="checkbox"/> Ozone alert days	<input type="checkbox"/> Strong emotions	<input style="width: 80%;" type="text"/>

▶ **Seasonal triggers for child:** Fall Winter Spring Summer

This Action Plan was developed in partnership with the child's family by

Doctor/Provider (sign) (print)

This signed form allows trained staff to give the medication(s) named above to my child, per school/daycare policy.

Parent/Guardian (sign) (print)