

Asthma Action Plan Infants (0 - 4 years old)



This form is free to download and use

Child's Name	Age	Birth Date	Today's Date
Parent/Guardian	Doctor	Phone	
Phone	Specialist	Phone	

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

Child has **ALL** of these:

- ✓ Breathing is good
- ✓ No cough or wheeze
- ✓ Sleeps through the night
- ✓ Able to play



Asthma, Allergy and GERD/Acid Reflux Medicines

How much to take & when to take it

WATCH OUT! (YELLOW Zone) Keep using Green Zone medicines and ADD this quick-relief medicine

Child has **ANY** of these:

- ✓ First sign of a cold
- ✓ Trouble playing
- ✓ Exposure to known trigger
- ✓ Cough
- ✓ Wheeze
- ✓ Tight chest
- ✓ Waking at night



Asthma Rescue Medicine

How much to take & when to take it

First:

Next:

Call the doctor:

Doctor's Name and Phone:

May repeat treatment every 20 minutes, if needed.

► If not 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.

► 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.

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

Asthma is **MUCH** worse:

- ✓ Medicine has not helped
- ✓ Ribs suck in
- ✓ Breathing is hard, fast
- ✓ Lips, fingernails are blue
- ✓ Nose opens wide
- ✓ Trouble walking, talking



Asthma Rescue Medicine

How much to take & when to take it

First:

Next:

► Wait 15 minutes to see if the treatment(s) helped.

► If not 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 type="text"/>
<input type="checkbox"/> Mold (indoors or outdoors)	<input type="checkbox"/> Cockroaches	<input type="checkbox"/> Other: <input type="text"/>
<input type="checkbox"/> Animal dander, rodents	<input type="checkbox"/> Plants, flowers, cut grass, pollen	
<input type="checkbox"/> Ozone alert days	<input type="checkbox"/> Strong emotions	

► 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)