





STONY BROOK
UNIVERSITY
MEDICAL CENTER

Sponge Bob Square Pants
DOB 2/15/2013

PEDIATRICS: MY ASTHMA ACTION PLAN

The most common ASTHMA trigger in children is a COLD. You should also avoid cigarette smoke and may need to avoid: dust, mold, cats, dogs, other animals known to trigger your asthma, cold air or strong odors.		ASTHMA SEVERITY (Check one): <input type="checkbox"/> Intermittent <input checked="" type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent	
Comments:			
My Best Peak Flow: _____		GREEN ZONE: DOING WELL	
Peak flow more than _____ (greater than 80% of best)	<input checked="" type="radio"/> Breathing is good <input checked="" type="radio"/> No Cough or wheeze <input checked="" type="radio"/> Can run and play normally	Controller Medication(s): <input type="checkbox"/> _____ time(s) a day <input type="checkbox"/> _____ time(s) a day <input type="checkbox"/> _____ time(s) a day Quick Relief Medication(s): if needed before exercise: <input type="checkbox"/> _____	
YELLOW ZONE: CAUTION			
Peak flow: _____ to _____ (50% - 80% of best)	<input checked="" type="radio"/> Signs of a cold <input type="radio"/> Cough or wheezing <input type="radio"/> Tight chest <input type="radio"/> Waking up at night because of asthma	<input type="checkbox"/> Continue with GREEN ZONE medications (above) <input type="checkbox"/> Increase (controller) _____ to _____ _____ time(s) a day for _____ day(s) <input checked="" type="checkbox"/> Take (quick relief) <u>Albuterol Neb</u> every 4 to 6 hours. If you need to take 3 doses in 24 hours call your doctor <input type="checkbox"/> _____	
RED ZONE: MEDICAL ALERT			
Peak flow less than: _____ (less than 50% of best)	<input checked="" type="radio"/> Very short of breath <input checked="" type="radio"/> "Pulling in" of skin between ribs <input checked="" type="radio"/> Cannot do usual activities <input checked="" type="radio"/> Quick relief medication not helping or helping for less than 4 hours <input checked="" type="radio"/> Severe trouble breathing, walking or talking <input checked="" type="radio"/> Blueness of lips or skin <input checked="" type="radio"/> Tired because of effort of breathing	<input checked="" type="checkbox"/> Take <u>Albuterol Neb</u>  Seek medical attention NOW and follow EMERGENCY plan if: You are still in the RED ZONE after 15 minutes OR You have not reached your doctor GO TO THE NEAREST EMERGENCY ROOM NOW Take your quick relief medication as necessary (even every 10-20 minutes as necessary if you are not improving) on your way to the hospital. In New York, you can call 911 or your local emergency number for help. 	
<input type="checkbox"/> Completed asthma education program		Signature: _____	ID#: _____
Follow up with Dr: <u>Kevill</u>		on <u>4/1/2016</u>	Phone #: <u>444-KIDS</u>
Completed by: _____		ID#: _____	Date: _____
Reviewed by: _____		ID#: _____	Date: _____
Parent/Guardian Signature: _____		Date: _____	Time: _____



NU2C190

STONY BROOK
UNIVERSITY
MEDICAL CENTER

Clark Kent
DOB 2/15/2000

PEDIATRICS: MY ASTHMA ACTION PLAN

The most common ASTHMA trigger in children is a COLD. You should also avoid cigarette smoke and may need to avoid: dust, mold, cats, dogs, other animals known to trigger your asthma, cold air or strong odors.

ASTHMA SEVERITY (Check one):

- ☐ Intermittent
 ☒ Moderate Persistent
 ☐ Mild Persistent
 ☐ Severe Persistent

Comments:

My Best Peak Flow: _____

GREEN ZONE: DOING WELL

Peak flow
more than
(greater
than 80%
of best)

- ☒ Breathing is good
☒ No Cough or wheeze
☒ Can run and play normally

Controller Medication(s):

- ☒ Advair 250/50 Inhalation _____ time(s) a day
☒ Flonase 1 spray each nostril _____ time(s) a day
☐ _____ time(s) a day

Quick Relief Medication(s): if needed before exercise:

☐

YELLOW ZONE: CAUTION

Peak flow:
to _____
(50% - 80%
of best)

- ☒ **Signs of a cold**
☒ Cough or wheezing
☒ Tight chest
☒ Waking up at night because of asthma

☐ Continue with GREEN ZONE medications (above)

☐ Increase (controller) _____ to _____

_____ time(s) a day for _____ day(s)

☒ Take (quick relief) Albuterol 2 puffs in MDI every 4 to 6 hours. If you need to take 3 doses in 24 hours call your doctor

☐

RED ZONE: MEDICAL ALERT

Peak flow
less than:
(less than
50% of
best)

- ☒ Very short of breath
☒ "Pulling in" of skin between ribs
☒ Cannot do usual activities
☒ Quick relief medication not helping or helping for less than 4 hours

- ☒ Severe trouble breathing, walking or talking
☒ Blueness of lips or skin
☒ Tired because of effort of breathing

☒ Take



Albuterol 4 puffs MDI with spacer

Seek medical attention NOW and follow EMERGENCY plan if:
You are still in the RED ZONE after 15 minutes OR
You have not reached your doctor

GO TO THE NEAREST EMERGENCY ROOM NOW
 Take your quick relief medication as necessary (even every 10-20 minutes as necessary if you are not improving) on your way to the hospital. In New York, you can call 911 or your local emergency number for help.



☐ Completed asthma education program **Signature:** _____

ID#: _____

Date: _____

Time: _____

Follow up with Dr: [Signature] on 4/1/2016

Phone #: _____

Completed by: _____

ID#: _____

Date: _____

Time: _____

Reviewed by: _____

ID#: _____

Date: _____

Time: _____

Parent/Guardian Signature: _____

Date: _____

Time: _____