

This Plan must be updated after one year or sooner if the child's condition, treatment plan or medication changes and when otherwise required.

CHILD'S NAME	DATE OF BIRTH
COMPLETED BY	DATE

Child is well

No asthma symptoms, (even during active play).

PREVENT asthma symptoms everyday:

- Avoid things that make the child's asthma worse:

☐ _____

☐ _____

ASTHMA MEDICATION	HOW MUCH TO TAKE	HOW OFTEN

Child is not well

and has asthma symptoms that may include:

- Coughing or wheezing
- Breathing harder or faster
- Wake due to coughing or difficulty breathing
- Playing less than usual

• _____

• _____

CAUTION! Take action by continuing to give regular asthma medication AND:

☐ Give _____

(include dose and frequency)

Physician Notes:

ASTHMA MEDICATION	HOW MUCH TO TAKE	HOW OFTEN

Child feels awful!

Warning signs may include:

- Wheeze, cough or difficulty breathing continues or worsens, even after giving yellow zone medicines.
- Breathing is so hard that he/she is having trouble walking / talking / eating / playing.
- Drowsy or less alert than normal.

MEDICAL ALERT! Get help!

1. CALL 911
2. CALL PARENTS

Physician Notes:

ASTHMA MEDICATION	HOW MUCH TO TAKE	HOW OFTEN

Danger! Get help immediately!

Call 911 if:

- The child's skin is sucked in around neck and ribs; or
- Lips and/or fingernails are grey or blue; or
- Child doesn't respond to you.

PARENT/GUARDIAN SIGNATURE	DATE
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PHYSICIAN SIGNATURE	DATE
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