

## Use only for Category of Severity Mild Intermittent - STAGE 1

\_\_\_\_\_ 's Breathing or Asthma Action Plan

**CONTROLLED**

No Symptoms  
Breathing is good  
This is where you (or  
your child) should be  
every day.

**Green Zone Control Steps**

1. Avoid triggers that bring on your (or your child's) breathing problems (smoke, cold weather, allergens and infections).
2. Give \_\_\_\_\_  
10-15 minutes before physical activity *if needed*.
3. Get a Flu shot every fall.

**CAUTION**

Coughing, wheezing,  
runny nose, watery eyes

Take action to get your  
(or your child's)  
breathing  
under control.

**Yellow Zone Action Steps**

1. Give \_\_\_\_\_ every \_\_\_\_\_  
until you (or your child) return to the Green Zone (no symptoms)
2. Call your doctor if you are not improving over the next 24-48 hours.

**Let your doctor know if you (or your child):**

- Refill more than 2 inhalers in a year.
- Have nighttime coughing more than 2 times a month.
- Use your inhaler more than 2 times a week.

**Call your doctor for a follow up asthma evaluation!**

**EMERGENCY**

Chest being sucked in  
(retractions). Nostrils flaring.  
Medications not helping.  
Breathing hard and fast.  
Activity down.  
Your (or your child's)  
symptoms are serious.

**Red Zone Action Steps**

1. **Immediately** give \_\_\_\_\_, repeat in 20 minutes (up to 3 times total).
2. Begin taking \_\_\_\_\_ right away for \_\_\_\_\_ days.
3. If you (or your child) is not back in the Yellow/Green Zone in 30 minutes.

Call your doctor to notify him/her of your Red Zone event **OR**

**Get Medical Care right away or call 911 if your (or your child's) lips or fingernails are blue or you are struggling to breathe after taking medicine.**

Patient's Name \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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