

# Montana Asthma Action Plan



Name \_\_\_\_\_ Age \_\_\_\_\_ Visiting nurse \_\_\_\_\_ Phone \_\_\_\_\_  
Parent/guardian \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_  
Healthcare provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

<b>Green Zone</b>	<p style="text-align: center;"><b>Child is feeling well</b></p> <ul style="list-style-type: none"><li>• No difficulty participating in usual activities</li><li>• No chest tightness, shortness of breath, wheezing, or coughing during the day or night</li></ul> <p><u>Take these controller medications every day:</u></p> <table><thead><tr><th>Name</th><th>Dose</th><th>When to take it</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table> <p>Before exercise: Medication _____ Dosage _____ minutes prior to activity</p>	Name	Dose	When to take it	_____	_____	_____	_____	_____	_____
Name	Dose	When to take it								
_____	_____	_____								
_____	_____	_____								
<b>Yellow Zone</b>	<p style="text-align: center;"><b>Child is not feeling well</b></p> <ul style="list-style-type: none"><li>• Chest tightness, shortness of breath, wheezing, or coughing with usual activities</li><li>• Waking at night due to asthma symptoms</li></ul> <p><u>Continue taking controller medication(s) and add these quick-relief medications:</u></p> <table><thead><tr><th>Name</th><th>Dose</th><th>When to take it</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table> <p>Call child's healthcare provider if: _____ _____</p>	Name	Dose	When to take it	_____	_____	_____	_____	_____	_____
Name	Dose	When to take it								
_____	_____	_____								
_____	_____	_____								
<b>Red Zone</b>	<p style="text-align: center;"><b>Alert! Contact child's healthcare provider or call 911 if:</b></p> <ul style="list-style-type: none"><li>• Quick-relief medication is not helping</li><li>• Breathing is hard and fast</li><li>• Ribs are showing and nostrils are flaring</li><li>• Can't walk or talk well</li></ul> <p><u>Take the following medications, and call the child's healthcare provider or 911 right away:</u></p> <table><thead><tr><th>Medicine</th><th>Dose</th><th>When to Take it</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>	Medicine	Dose	When to Take it	_____	_____	_____	_____	_____	_____
Medicine	Dose	When to Take it								
_____	_____	_____								
_____	_____	_____								

## Other key medical information

Child's asthma triggers, and other useful information: \_\_\_\_\_  
\_\_\_\_\_

Reviewed by parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by home visiting nurse \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by child's healthcare provider \_\_\_\_\_ Date \_\_\_\_\_