

Massachusetts Asthma Action Plan

Name:		Date:
Birth Date:	Doctor/Nurse Name	Doctor/Nurse Phone #
Patient Goal:		Parent/Guardian Name & Phone
Important! Avoid things that make your asthma worse:		

The colors of a traffic light will help You use your asthma medicine.



Green means Go Zone!
Use controller medicine.

Yellow means Caution Zone!
Add quick-relief medicine.

Red means Danger Zone!
Get help from a doctor.

Personal Best Peak Flow: _____

GO – You're Doing Well! ➡	Use these daily controller medicines:
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You have all of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can go to school and play



Peak flow from _____ to _____

MEDICINE/ROUTE	HOW MUCH	HOW OFTEN/ WHEN

CAUTION – Slow Down! ➡	Continue with green zone medicine and add:
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You have any of these:

- First signs of a cold
- Cough
- Mild wheeze
- Tight Chest
- Coughing, wheezing, or trouble breathing at night



Peak flow from _____ to _____

MEDICINE/ROUTE	HOW MUCH	HOW OFTEN/ WHEN

CALL YOUR DOCTOR/ NURSE: _____

DANGER – Get Help! ➡	Take these medicines and call your doctor now.
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Your asthma is getting worse fast:

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Can't talk well



Peak flow from _____ to _____

MEDICINE/ROUTE	HOW MUCH	HOW OFTEN/ WHEN

GET HELP FROM A DOCTOR NOW! Do not be afraid of causing a fuss. Your doctor will want to see you right away. It's important! If you cannot contact your doctor, go directly to the emergency room and bring this form with you. **DO NOT WAIT.**

Make an appointment with your doctor / nurse within two days of an ER visit or hospitalization.

Doctor /NP/PA Signature: _____ Date: _____
 I give permission to the school nurse, my child's doctor/NP/PA or _____ to share information about my child's asthma
 Parent/Guardian Signature: _____ Date: _____