

# Asthma Action Plan for Home and School

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent

Asthma Triggers (list) \_\_\_\_\_

DYU\_ : `ck 'A YHf DYfgcbU`6Ygh \_\_\_\_\_

## Yellow Zone: Caution

Gna dhca g `Gca YdfcVYa gVfYUh.]b[ `y`7ci [ \zk \YnYzcf WYghh][ \h`y`DfcVYa gk cf\_]b[ cf'd'Uh]b[ `y`K U\_YUhb][ \h  
DYU\_ : `ck 'A YHf` \_\_\_\_\_ to \_\_\_\_\_ (between 50% and 79% of personal best)

E i ]W!fY`YZMedicine(s)  Albuterol/levalbuterol \_\_\_\_ puffs, every 4 hours as needed

7cbhf`c` Medicine(s)  Continue Green Zone medicines

Add \_\_\_\_\_  Change to \_\_\_\_\_

H\YW]Xg\ci `XZY VYHf k ]h.]b&\$y\* \$a ]bi hYgcZH\Yei ]W!fY`YZhfYUha Ybh`-ZH\YW]X]g[ YH]b[ k cfg'cf]g]b H\YMW`ck NcbYZcf'a cfY`  
h\Ub`&( \ci fgZH<9B Zc`ck h\Y]bghfi W]cbg]b h\YF98 NCB9UbXW` h\YXcVtcf f][ \hUk Um

