Pediatric Pulmonology
Asthma Management Plan for

Asthma Severity: ___________________
Avoid Known Triggers: ______________________________________

Your next appointment is with ___________ in _________. The phone number is ________________.

GREEN ZONE
Child is DOING WELL. No cough and no wheezing. Child is able to do usual activities.

Take these Daily Maintenance medications
Daily Inhaled Medication: ______________________
Daily Oral Medication: _______________________
Other Daily Medications to Help Control Asthma: ____________________________
Exercise
Exercise Medication: _________________________

YELLOW ZONE
Asthma is GETTING WORSE. Starting to cough, wheeze, or feel short of breath. Waking at night because of asthma. Can do some activities.

1st Step - Take Quick Relief medicine below. If possible, remove the child from the thing that made the asthma worse.
Rescue Medication: ________________ every 4 to 8 hours as needed

2nd Step – Do one of the following based on how the response.
• If symptoms are not better within 1 hour after the first treatment, call __________ at __________. Continue to take GREEN ZONE medications.
• If symptoms are better, continue this dose for ____ day(s) and then call the office before stopping the medicine if symptoms have not returned to the GREEN ZONE. Continue to take GREEN ZONE medications.

RED ZONE
Asthma is VERY BAD. Coughing all the time. Short of breath. Trouble talking, walking or playing.

1st Step – Take Quick Relief medicine below:
Rescue Medication: ________________________________
You may repeat this every 20 minutes for a total of 3 doses.

2nd Step - Call ______ at ______ immediately for further instructions. Call 911 or go to the Emergency Department if the medications are not working.