

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.