

Massachusetts Asthma Action Plan

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

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



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:

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:

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.

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: _____