| Date:   Doctor/Nurse Name:   Doctor/Nurse Name:   Doctor/Nurse Phone #:   Parent/Guardian Name & Phone:   Yellow means Caution Z. Add quick-relief medicine.   Yellow means Danger Zone Get help from a doctor.   Red means Danger Zone Get help from a doctor.   You have all of these:   Breathing is good  | Massachusetts Asthma Action Plan  |  |   |  | The colors of a traffic light will help you use your asthma medicine. |  |
|--|---|--|---|--|---|--|
| Birth Date: DoctorNurse Name: DoctorNurse Phone #:  Patient Goal: Parent/Guardian Name & Phone:  Important! Avoid things that make your asthma worse:  Personal Best Peak Flow:  | Name:   |  | Date:   |  |   |  |
| Personal Best Peak Flow:  GO - You're Doing Well!  We 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  To have any of these:  First signs of a cold  Cough  MEDICINE/ROUTE  HOW MUCH  HOW OFTEN/WHEN  Form  To have any of these:  First signs of a cold  Cough  MEDICINE/ROUTE  HOW MUCH  HOW OFTEN/WHEN  Form  To have any of these:  First signs of a cold  Cough  MEDICINE/ROUTE  HOW MUCH  HOW OFTEN/WHEN  To have any of these:  First signs of a cold  Cough  MEDICINE/ROUTE  HOW MUCH  HOW OFTEN/WHEN  Take these medicines and call your doctor now.  To have any of these:  CALL YOUR DOCTOR/NURSE:  DANGER - Get Help!  Take these medicines and call your doctor now.  MEDICINE/ROUTE  HOW MUCH  HOW OFTEN/WHEN  HOW OFTEN/WHEN  MEDICINE/ROUTE  HOW MUCH  HOW OFTEN/WHEN  MEDICINE/ROUTE  HOW MUCH  HOW OFTEN/WHEN  MEDICINE/ROUTE  From  MEDICINE/ROUTE  HOW MUCH  HOW OFTEN/WHEN  MEDICINE/ROUTE  MEDICINE/ROUTE  HOW MUCH  HOW OFTEN/WHEN  MEDICINE/ROUTE  MEDICINE/ROUTE  HOW MUCH  HOW OFTEN/WHEN  MEDICINE/ROUTE  To have any of these:  To ha | Birth Date:   | Doctor/Nurse Name:   | Doctor/Nurse Phone  | » #:   |   |  |
| Personal Best Peak Flow:  Get help from a doctor.  Sou have all of these:  No lang to school and play  To have all of these:  Siee phrough the might to and play  First signs of a cold:  Coughing.  Will wheeze:  Tight Chest  Coughing.  And The Coughing.  To wheeze:  Tight Chest  Coughing.  To while Whuch How OFTEN/WHEN  Take these medicines and call your doctor now.  MEDICINE/ROUTE HOW MUCH HOW OFTEN/WHEN  MEDICINE/ROUTE HOW MUCH HOW OFTEN/WHEN  To while W |   |  |   | ne:  | Yellow means Caution Zone!<br>Add quick-relief medicine.              |  |
| GO — You're Doing Well!     See these daily controller medicines:   See through the night   See to any or these:   See through the night   See to any or the school and play   | Important! Avoid to   | hings that make your asthma  | a worse:  |  | Red means Danger Zone!  |  |
| You have all of these:  Breathing is good  No cough or wheeze  Solen through the night  Can go to school and play  Continue with green zone medicine and add:  You have any of these:  First signs of a cold  Cough  MEDICINE/ROUTE  HOW MUCH  HOW OFTEN/WHEN  First signs of a cold  Cough  MEDICINE/ROUTE  HOW MUCH  HOW OFTEN/WHEN  COUGHING, WHEN  COUGHING, WHEN  COUGHING, WHEN  COUGHING, WHEN  Tight Chest  Coughing, Wheezing, or trouble breathing at night  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 and fast  Nose opens wide  Ribs show  Can't talk  Can't talk  GET HELP FROM A DOCTOR NOW! Do not be afraid of causing a fuss. Your doctor yo directly to the emergency room and bring this form with your doctor of yo 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   | P   | Personal Best Pea  | k Flow:   |  | Get help from a doctor.   |  |
| Peak flow from  CAUTION — Slow Down!   | GO – You'   | re Doing Well! 📥   | Use the   | se daily controlle   | er medicines:   |  |
| Vou have any of these:  First signs of a cold  Cough Mild wheeze  Tight Chest Coughing, wheezing, or trouble breathing at night  CALL YOUR DOCTOR/NURSE:  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 Can't talk well  GET HELP FROM A DOCTOR NOW! Do not be afraid of causing a fuss. 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:  I give permission to the school nurse, my child's doctor/NP/PA or to share information about my child's  | <ul> <li>Breathing is good</li> <li>No cough or who</li> <li>Sleep through the</li> <li>Can go to school</li> </ul>               | d from eeze e night  | MEDICINE/ROUTE  | HOW MUCH   | HOW OFTEN/WHEN  |  |
| - First signs of a cold - Cough - Mild wheeze - Tight Chest - Coughing, wheezing, or trouble breathing at night  CALL YOUR DOCTOR/NURSE:  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 - Can't talk well  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 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:  Date:  Date:  I give permission to the school nurse, my child's doctor/NP/PA or  to share information about my child's   |   | hono   |   |  |   |  |
| Your asthma is getting worse fast:  Medicine is not helping Breathing is hard and fast Nose opens wide Ribs show Can't talk well  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  | <ul> <li>Cough</li> <li>Mild wheeze</li> <li>Tight Chest</li> <li>Coughing,<br/>wheezing,<br/>or trouble<br/>breathing</li> </ul> | from   |   |  | HOW OF TENWHEN  |  |
| Medicine is not helping Breathing is hard and fast Nose opens wide Ribs show Can't talk well  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  | DANGER -  | - Get Help!  | Take these m  | edicines and cal   | l your doctor now.  |  |
| Ribs show Can't talk well  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   | worse fast: • Medicine is not h • Breathing is hard fast  | nelping from to  | MEDICINE/ROUTE  | HOW MUCH   | HOW OFTEN/WHEN  |  |
| I give permission to the school nurse, my child's doctor/NP/PA or to share information about my child's  | • Ribs show<br>• Can't talk   | GET HELP<br>will want<br>go direct   | to see you right away. It's<br>ly to the emergency room<br>an appointment with your docto | s important! If you on and bring this for a r/nurse within two days of a | cannot contact your doctor, m with you. DO NOT WAIT.                  |  |
|  |   |  |   |  |   |  |
| Parent/(suardian Signature)  | No.   |  |   |  |   |  |
| **SEE BACK OF SCHOOL COPY FOR STUDENT MEDICATION ADMINISTRATION AUTHORIZATION**  |   | The state of the s |   |  | N. C.                             |  |

White Copy: Patient/Parent

Yellow Copy: School/O\*

The colors of a traffic light will help

AS901