

## **Asthma Action Plan (0-5 years) – Document Instructions**

Please read through the Asthma Action Plan form and fill out each section with the appropriate information that is needed to provide care for your child. This should be done in partnership with your healthcare provider. These instructions will help you fill out the Asthma Action Plan, please read carefully.

### **1. Important information about the child:**

- a. Name**
- b. Date of Birth**
- c. Effective Date** – Date in which the form is being filled out
- d. Doctor** – Healthcare provider for the child
- e. Parent/Guardian** – The parent or the caregiver designated as the legal guardian of the child
- f. Doctor’s office phone number** – number where to reach healthcare provider of the child during the day
- g. Parent/Guardian’s phone** – telephone number of parent/guardian where they can be reached during the day
- h. Emergency contact after parent** – an individual who can be called in case of an emergency if parent/guardian can not be reached
- i. Contact phone** – telephone number of emergency contact during the day
- j. Student is able to self medicate** – Check yes or no depending on the Student/Child’s ability to self administer their own medication without the help of an adult.

### **2. Medication information:**

- a. Controller Medicines** – list all controller medications that child is on vertically
- b. How much to take** – after each medicine listed write down how much and the strength of the medications the child must take each day according to your healthcare provider
- c. How often** – in the same row as the medicine listed write down in the space provided how often the child is to take their medicine “\_\_\_ times per day, EVERYDAY!”
- d. Other Instructions** – please list any other special instructions such as tools that are used with medicine, if the child has a reaction, or any other relevant information
- e. Quick-Relief Medicines** – this medication is already listed as most Albuterol prescriptions are similar. If this does not apply

to you please talk to your healthcare provider to find out what is the appropriate dosage for your child

**3. Zones - RED, YELLOW, GREEN:**

- a. **Green Zone: Child is well and has no asthma symptoms, even during active play** – list any triggers that may cause asthma symptoms in your child. This information will help prevent an asthma episode.
- b. **Yellow Zone: Child is not well and has asthma symptoms...** – list any other symptoms that your child may have that are not already listed under the common symptoms listed on the left hand column.
- c. **Yellow Zone Medications** – on the right hand column list all medications unless already listed and check off on which ones must be given during asthma symptoms. Below the medications list the telephone number of the person who should be notified if child begins to have asthma symptoms.
- d. **Red Zone: Child feels awful! Warning signs may include...**  
- on the right hand column list medications that should be given to child during this time. If medication does not have an effect within several minutes 911 will be called and parent/guardian will be notified.

**4. Doctor's Signature** – please make sure that your healthcare provider signs off on your asthma action plan. It is important that this paperwork be filled out by you and your child's healthcare provider so that there is accurate information provided to your childcare facility.