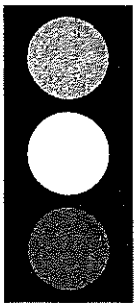
Massachusetts Asthma Action Plan

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

Personal Best Peak Flow: _____



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

Green means **Go Zone!**
Use controller medicine.

Yellow means **Caution Zone!**
Add quick-relief medicine.

Red means **Danger Zone!**
Get help from a doctor.

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

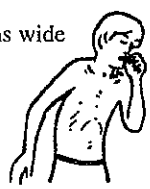
Peak flow from _____ to _____

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: _____

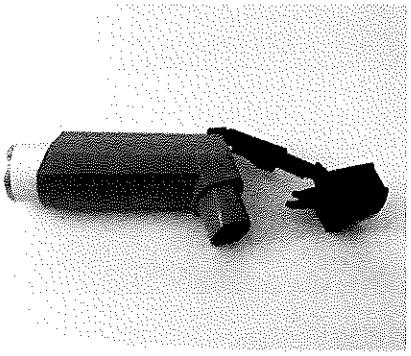
I give permission to the school nurse, my child's doctor/NP/PA or _____ to share information about my child's asthma.

Parent/Guardian Signature: _____ Date: _____

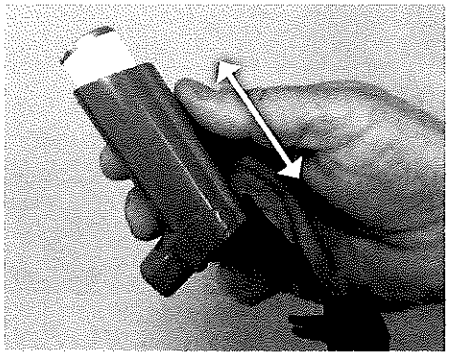
****SEE BACK OF SCHOOL COPY FOR STUDENT MEDICATION ADMINISTRATION AUTHORIZATION****

ADAPTED FROM NIH PUBLICATION (7/20/01)
White Copy: Patient/Parent Green Copy: Provider Yellow Copy: School/Other
03/13 AS901 ENGLISH

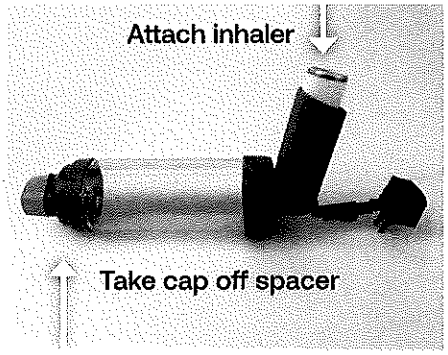
How to use your inhaler and spacer



1. Take the cap off the inhaler



2. Shake the inhaler for 5 seconds



3. Attach to spacer and take cap off spacer

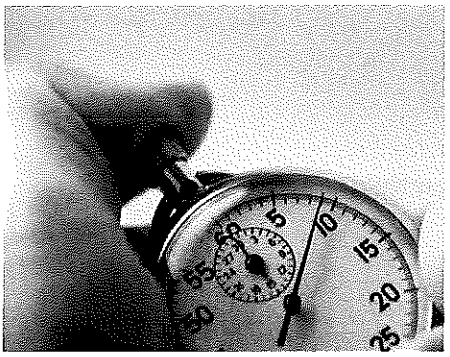
4. Breathe **OUT** all the way

5. Close lips around mouthpiece

6. Press down here

7. Breathe in **SLOWLY, DEEPLY**

8. Hold your breath for 10 seconds if you can. Then breathe out slowly.



If you need another puff of medicine, wait 1 minute then repeat steps 5-9.

9. Rinse with water and **SPIT OUT**

For more asthma videos, handouts, tutorials and resources, visit **Lung.org/asthma.**

You can also connect with a respiratory therapist for one-on-one, free support the American Lung Association's Lung HelpLine at **1-800-LUNGUSA.**

Developed by the American Lung Association, April 2019.

American Lung Association.