

Pediatric Asthma Action Plan

Child's Name

Date of Birth

Date

Parent/Guardian

Doctor/Clinic

Phone

Daily Asthma Management

Controller Medicine(s) (Name, Dose, When to take)

Other instructions

Asthma Zones

Green Zone: Doing Well (No Symptoms)

Continue daily medicine

Yellow Zone: Caution (Symptoms Present)

Symptoms and Actions

Red Zone: Danger (Severe Symptoms or Not Improved in Yellow Zone)

Emergency Actions

Peak Flow Monitoring (if used)

Green Zone	Yellow Zone	Red Zone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency Contact Information

Emergency contact name

Relationship

Phone

Doctor's Signature

Date