

Asthma Action Plan

Child's Name: _____ DOB: _____

Personal Asthma Triggers:	Check All that Apply:
Cats and/or Dogs	
Humidity	
Molds	
Dust/Dustmites	
Fumes and/or Smoke	
Cold Air	
Respiratory Infections	
Other: _____	

STEP 1 - ASSESSMENT

Usual Asthma Symptoms Include: _____

Symptoms	Medication	How Much?	How Often?
Tightness in Chest			
Coughing/Wheezing			
Harsh Wheezing			
Difficulty Breathing			

Special Instructions: _____

If child has any of the following *danger signs* call 911 immediately:

- ☐ Chest sucking in ☐ Very difficult breathing
- ☐ Nostrils wide-open ☐ Trouble talking or walking
- ☐ Lips or fingernails blue or purple

(CONTINUED ON BACK)

STEP 2 – TREATMENT

Give above medication as directed. Child may administer, or if necessary staff may administer medication.

STEP 3 - EMERGENCY CALLS

Parents: _____

Phone: _____ Phone: _____

EMERGENCY CONTACTS

1. _____

Relation: _____ Tel: _____

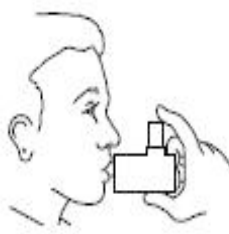
2. _____

Relation: _____ Tel: _____

A. Hold inhaler 1 to 2 inches in front of your mouth (about the width of two fingers).



B. Use a spacer/holding chamber. These come in many shapes and can be useful to any patient.



C. Put the inhaler in your mouth. Do not use for steroids.

