

# Health Form For Children Diagnosed with Asthma

**If your child has asthma, please fill out the information below (If you have filled out this information on a previous form, please do so again):**

1. Has your child ever been diagnosed with Asthma? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, when was he or she diagnosed? \_\_\_\_\_

2. Has your child been seen in the emergency room for asthma this pass year? \_\_\_\_\_ yes \_\_\_ no

3. Does your child have any quick relief/rescue medication related to Asthma? \_\_\_\_\_ yes \_\_\_ no

If yes, please list the medications \_\_\_\_\_

\_\_\_\_\_

4. Does your child take daily/routine medication for Asthma? \_\_\_\_ yes \_\_\_\_ no

If yes, list daily/routine medications are being taken and how often (example: once/day, twice/day...) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. What triggers your child's asthma? \_\_\_\_\_

\_\_\_\_\_

## Emergency Contact Information

1. Doctors name and phone number \_\_\_\_\_

If applicable, Specialist's name and number \_\_\_\_\_

2. Guardians Contact Information (name, phone number and relation to child)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Asthma Action Plan



## General Information:

Name \_\_\_\_\_  
 Emergency contact \_\_\_\_\_ Phone numbers \_\_\_\_\_  
 Physician/healthcare provider \_\_\_\_\_ Phone numbers \_\_\_\_\_  
 Physician signature \_\_\_\_\_ Date \_\_\_\_\_

Severity Classification	Triggers	Exercise
<input type="radio"/> Intermittent <input type="radio"/> Moderate Persistent <input type="radio"/> Mild Persistent <input type="radio"/> Severe Persistent	<input type="radio"/> Colds <input type="radio"/> Smoke <input type="radio"/> Weather <input type="radio"/> Exercise <input type="radio"/> Dust <input type="radio"/> Air Pollution <input type="radio"/> Animals <input type="radio"/> Food <input type="radio"/> Other _____	1. Premedication (how much and when) _____ 2. Exercise modifications _____

## Green Zone: Doing Well

### Symptoms

- Breathing is good
- No cough or wheeze
- Can work and play
- Sleeps well at night

### Peak Flow Meter

More than 80% of personal best or \_\_\_\_\_

## Peak Flow Meter Personal Best =

### Control Medications:

Medicine	How Much to Take	When to Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Yellow Zone: Getting Worse

### Symptoms

- Some problems breathing
- Cough, wheeze, or chest tight
- Problems working or playing
- Wake at night

### Peak Flow Meter

Between 50% and 80% of personal best or \_\_\_\_\_ to \_\_\_\_\_

## Contact physician if using quick relief more than 2 times per week.

### Continue control medicines and add:

Medicine	How Much to Take	When to Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IF your symptoms (and peak flow, if used) return to Green Zone after one hour of the quick-relief treatment, THEN**

- Take quick-relief medication every 4 hours for 1 to 2 days.
- Change your long-term control medicine by \_\_\_\_\_
- Contact your physician for follow-up care.

**IF your symptoms (and peak flow, if used) DO NOT return to Green Zone after one hour of the quick-relief treatment, THEN**

- Take quick-relief treatment again.
- Change your long-term control medicine by \_\_\_\_\_
- Call your physician/Healthcare provider within \_\_\_\_ hour(s) of modifying your medication routine.

## Red Zone: Medical Alert

### Symptoms

- Lots of problems breathing
- Cannot work or play
- Getting worse instead of better
- Medicine is not helping

### Peak Flow Meter

Less than 50% of personal best or \_\_\_\_\_ to \_\_\_\_\_

## Ambulance/Emergency Phone Number:

### Continue control medicines and add:

Medicine	How Much to Take	When to Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Go to the hospital or call for an ambulance if:** **Call an ambulance immediately if the following danger signs are present:**

- Still in the red zone after 15 minutes.
- You have not been able to reach your physician/healthcare provider for help.
- \_\_\_\_\_
- Trouble walking/talking due to shortness of breath.
- Lips or fingernails are blue.