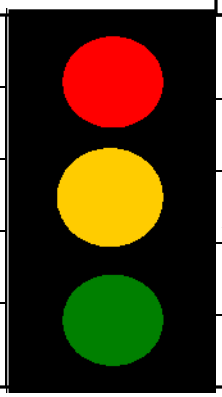
NORTH DAKOTA ASTHMA ACTION PLAN

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF FAMILY HEALTH AND NUTRITION
SFN 59187 (10-2017)

Name	Date of Birth
Parent/Guardian(s) Name(s)	Telephone Number
Emergency Contact	Telephone Number
Prescribing Health-Care Provider	Telephone Number
Health-Care Provider's Signature	



Date Form Completed
The colors of a traffic light will help you use your asthma medicines:
Red: Danger Zone! Get help from a doctor
Yellow: Caution Zone! Add quick-relief medicine
Green: Go Zone! Use controller medicine
Peak Flow Personal Best

Emergency Medication Possession and Self-Administration Approval

Student has received instruction in self-administration of emergency medication. (Initial)	Date Approval Expires

List Rescue Medicine (follow the action plan for proper use)

GO!

- No cough or wheeze
- Breathing is good
- Can work and play
- Sleep through the night

Peak Flow Reading Above _____

Use these anti-inflammatory/controller medicines every day:

MEDICINE	HOW MUCH	HOW OFTEN

For asthma with exercise, take:

Rescue Medicine		

CAUTION:

- First signs of a cold
- Exposure to a known trigger
- Cough day or night
- Mild wheeze
- Tight Chest
- _____

Peak Flow Reading _____ to _____

Continue with green zone medicine and add:

MEDICINE	HOW MUCH	HOW OFTEN
Rescue Medicine		

Did symptoms improve or peak flow return to green zone?

iNO gYES → **Return to green zone medications and follow peak flows**

Have you been in the yellow zone for more than 24 hours?

iNO gYES → **Call your Health-Care Provider**

MEDICINE	HOW MUCH	HOW OFTEN
Rescue Medicine		

DANGER!

- Breathing is hard and fast
- Nose opens wide / ribs show
- Medicine isn't working
- Can't talk well
- _____

Peak Flow Reading Below _____

Take these rescue medicines and call your health-care provider now !

MEDICINE	HOW MUCH	HOW OFTEN
Rescue Medicine		

GET HELP FROM A HEALTH PROVIDER NOW! It's important!
If you cannot contact your provider, call 911 or go directly to the emergency room. DO NOT WAIT!

Form available at: http://www.ndhealth.gov/asthma/forms.htm