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ASTHMA ACTION PLAN

Patient Name: _____

<p>Green Zone</p> <ul style="list-style-type: none"> ➤ I am doing well ➤ I can run and play normally ➤ I can sleep through the night ➤ I am not missing school or activities ➤ I do not need regular reliever medications 	<p>Controller</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p>Reliever</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p>Other</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>
<p>Yellow Zone – Caution</p> <ul style="list-style-type: none"> ➤ I am getting a cold ➤ I cough, short of breath, or wheeze ➤ I have symptoms with activity or sports ➤ I am waking up because of asthma ➤ I need regular reliever medications 	<p>Continue to take controller medication</p> <p>Take reliever medication _____</p> <p>_____ puffs up to every 4 hours regularly.</p>
<p>Red Zone – Urgent Care Needed</p> <ul style="list-style-type: none"> ➤ I am very short of breath ➤ I have severe wheezing ➤ I have “pulling in” of skin between ribs ➤ I cannot do usual activities ➤ I am tired because of effort of breathing ➤ I can’t speak full sentences ➤ I need my reliever more than every 4 hours 	<p>Give reliever medication _____ puffs every 20 minutes on the way to the nearest Emergency Department.</p> <p>Call 911 if necessary.</p>

Comments: