

Asthma Action Plan

NEMOURS

KidsHealth®

IMPORTANT INFO

Name:	
Date:	
Doctor name:	
Doctor phone:	
Emergency contact:	
Emergency phone:	

EXERCISE-INDUCED FLARE-UP

Instructions for an exercise-induced asthma flare-up

Medicine: _____

How much: _____

When: _____

Additional instructions:

TRIGGERS: pollen mold dust mites animals smoke food
 exercise cold/flu weather air pollution other _____

DOING WELL

No Symptoms:

- Breathing is easy
- No cough or wheeze
- Can do usual activities
- Can sleep through the night

Use these medicines as listed:

Medicine	How much	How often / when

CAUTION

Any of These Symptoms:

- Some shortness of breath
- Cough, wheeze, or chest tightness
- Difficulty doing usual activities
- Sleep disturbed by symptoms
- Symptoms of a cold or flu

Continue with medicines as above, and also take:

Medicine	How much	How often / when

Call your doctor if: _____

DANGER

Any of These Symptoms:

- Severe breathing problems
- Cannot do usual activities
- Difficulty walking and talking
- Medicine is not helping

Take this medicine and get help now!

Medicine	How much	How often / when

If symptoms don't improve, go to the hospital or call 911.