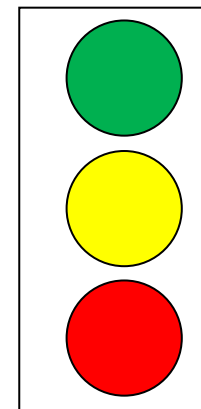


BROADREACH SPROUTS ASTHMA ACTION PLAN

The colors of a traffic light will help you to use your asthma medications.

Child's Name	Today's Date
Parent's Name	Parent's Emergency Phone Number
Parent's Signature	
Child's Doctor's Name	Child's Doctor's Office Phone Number
Child's Doctor's Signature	



GREEN means GO! Use Preventive Medicine

YELLOW means CAUTION! Add Quick Relief Medications

RED means DANGER ZONE! Get help from a doctor.

GO	USE THESE DAILY PREVENTIVE ANTI-INFLAMMATORY MEDICINES:		
YOU HAVE <u>ALL</u> OF THESE:	MEDICINE	HOW MUCH	HOW OFTEN/ WHEN
BREATHING IS GOOD NO COUGH OR WHEEZE SLEEP THROUGH THE NIGHT CAN WORK AND PLAY PEAK FLOW FROM _____ TO _____			
CAUTION	CONTINUE WITH GREEN ZONE MEDICINES AND ADD:		
YOU HAVE <u>ANY</u> OF THESE	MEDICINE	HOW MUCH	HOW OFTEN/ WHEN
FIRST SIGNS OF A COLD EXPOSURE TO A TRIGGER COUGH, MILD WHEEZE, TIGHT CHEST COUGHING AT NIGHT PEAK FLOW FROM _____ TO _____			
DANGER	TAKE THESE MEDICATIONS AND CALL THE DOCTOR/ ER NOW:		
YOUR ASTHMA IS GETTING WORSE	MEDICINE	HOW MUCH	HOW OFTEN/ WHEN
MEDICINE IS NOT HELPING BREATHING IS HARD/FAST NOSE OPENS WIDE RIBS SHOW CAN'T SPEAK PEAK FLOW BELOW _____			
GET HELP NOW! IF YOU CAN'T REACH THE DOCTOR REPORT TO ER.			

ASTHMA EMERGENCY PLAN

Emergency Action is necessary when the child has symptoms such as: _____
_____ Or has a peak flow reading at or below _____

STEPS TO TAKE DURING AN ASTHMA EPISODE:

1. Check peak flow reading (if a child uses a peak flow meter).
2. Give medications listed below.
3. Check for decreased symptoms and/or increased peak flow reading.
4. Allow child to stay at Sprouts Program if: _____
5. Contact parent/guardian.
6. **Seek emergency medical care if the child has any one of the following:**
 - No improvements minutes after initial treatment with medication.
 - Peak Flow at or Below _____
 - Hard time breathing with:
 - Chest and neck pulled in with breathing
 - Child hunched over
 - Child struggling to breathe
 - Trouble walking or talking
 - Stops playing and can't start activity again
 - Lips or fingernails are gray or blue

Emergency Asthma Medications:

Name	Amount	Route	When to Use

Special Instructions:

- _____
- _____

Physician's Signature Date

Parent/ Guardian's Signature Date

Sprouts Staff Signature Date