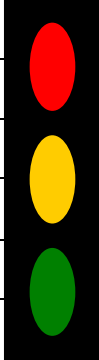


# North Dakota Asthma Action Plan

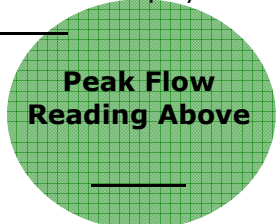
SFN 190

<b>Name</b>	<b>Date</b>	 <p>The colors of a traffic light will help you use your asthma medicines:</p> <p><b>Red: Danger Zone!</b> Get help from a doctor</p> <p><b>Yellow: Caution Zone!</b> Add quick-relief medicine</p> <p><b>Green: Go Zone!</b> Use preventive medicine</p> <p><b>Personal Best:</b> _____</p>
<b>Parent/Guardian(s) Name(s)</b>	<b>Phone Number</b>	
<b>Emergency Contact</b>	<b>Phone Number</b>	
<b>Pharmacy Name</b>	<b>Phone Number</b>	
<b>Prescribing Health Care Provider</b>	<b>Phone Number</b>	
<b>Health Care Provider's Signature</b>		

**Emergency Medication Possession and Self-Administration Approval** Student has received instruction in self-administration of emergency medication. (Initial if same as above).  
**Approval Expires (Date)** \_\_\_\_\_

## GO!

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



## Use these anti-inflammatory medicines every day:

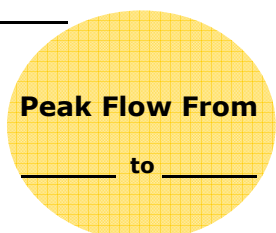
MEDICINE	HOW MUCH	HOW OFTEN

For asthma with exercise, take:

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## Caution!

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



## Continue with green zone medicine and add:

MEDICINE	HOW MUCH	HOW OFTEN

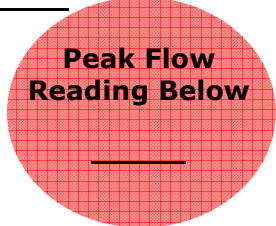
Did symptoms improve or peak flow return to green zone?

↓ YES ↓	↓ NO ↓	
MEDICINE	HOW MUCH	HOW OFTEN

**Call Your Health Care Provider**

## Danger!

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide / ribs show
- Can't talk well



## Take these medicines and call your health care provider now.

MEDICINE	HOW MUCH	HOW OFTEN

**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!**

For asthma information contact :  
 American Lung Association of N.D.  
 1-800-252-6325  
 Children's Special Health Services  
 1-800-755-2714  
 To download copies go to  
[www.ndhealth.gov/asthma](http://www.ndhealth.gov/asthma)

**Copy for Patient/School or Childcare/Provider**