Little Lungs
OF LONG ISLAND

Pediatric Cough Clinic

Dr. Vicki Masson, M.D., FAAP, AE-C

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ASTHMA ACTION PLAN | School / Childcare / Home

Patient Name: _____	DOB: _____	Date: _____	Allergies: _____	Triggers: _____

SPORTS MEDICATION (15 min prior to sports)

Medication: Albuterol Dose: 2 puffs Route: ☐ Inhaler with spacer ☐ DPI inhaler

☐ Not applicable

GREEN ZONE: Doing Well

No cough, wheeze, shortness of breath, or chest tightness; able to play/sleep normally.

Symptoms / Peak Flow

- ☐ Breathing is good
- ☐ No rescue medicine needed more than usual
- ☐ Peak flow: 80-100% of personal best

Daily Controller Medicine

Medication: _____

Dose: _____ Route: _____

Frequency/Instructions: _____

_____

YELLOW ZONE: Caution

Cough, wheeze, chest tightness, shortness of breath, waking at night, or symptoms with activity.

Symptoms / Peak Flow

- ☐ Use quick-relief medicine as directed
- ☐ Continue controller medicine unless instructed otherwise
- ☐ Call physician if symptoms are not improving or quick-relief is needed often
- ☐ Peak flow: 50-79% of personal best

Quick-Relief / Rescue Medicine

Medication: _____

Dose: _____ Route: _____

Frequency/Instructions: _____

_____

RED ZONE: Medical Alert

Severe shortness of breath, trouble walking/talking, lips/fingernails blue/gray, or rescue medicine not helping.

Symptoms / Peak Flow

- ☐ Give rescue medicine immediately as directed
- ☐ Call 911 or go to the emergency department
- ☐ Call parent/guardian and physician
- ☐ Peak flow: below 50% of personal best

Emergency Instructions

Medication: _____

Dose: _____ Route: _____

Frequency/Instructions: _____

_____

Physician Name: Dr. Vicki Masson, M.D., FAAP, AE-C **Signature:** _____ **Date:** _____

Parent/Guardian Name: _____ **Signature:** _____ **Date:** _____