# Child Asthma Plan

## 0 - 5 year olds

<table>
<thead>
<tr>
<th>Controller Medicines</th>
<th>How Often</th>
<th>Other Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Use Everyday to Stay Healthy)</td>
<td>times per day EVERYDAY!</td>
<td>(such as spacers/masks, nebulizers)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quick-Relief Medicines</th>
<th>How Much to Take</th>
<th>How Often</th>
<th>Other Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albuterol or Xopenex</td>
<td>2 puffs by inhaler or 1 vial by nebulizer</td>
<td>Give ONLY as needed for symptoms</td>
<td>NOTE: If this medicine is needed often (3 times per week), call physician.</td>
</tr>
</tbody>
</table>

### Child is well
and has no asthma symptoms, even during active play.

- **GREEN ZONE**

### Child is not well and has asthma symptoms that may include:
- Coughing
- Wheezing
- Runny nose or other cold symptoms
- Breathing harder, faster or slower
- Awakening due to coughing or difficulty breathing
- Playing less than usual

- **YELLOW ZONE**

### Other symptoms that could indicate that your child is having trouble breathing may include: difficulty feeding (grunting sounds, poor sucking), changes in sleep patterns, cranky and tired, decreased appetite.

### Child feels awful! Warning signs may include:
- Child’s wheeze, cough or difficulty breathing continues or worsens, even after giving yellow zone medicines.
- Child’s breathing is so hard that he/she is having trouble walking, talking, eating or playing.
- Breathing faster, slower or harder.
- Child is drowsy or less alert than normal.

### MEDICAL ALERT! Get help immediately!
- Take the child to the hospital or call 911 immediately!

### Call 911 if:
- The child’s skin is sucked in around the neck and ribs; or
- Lips and / or fingernails are grey or blue; or
- Child doesn’t respond to you.

### Danger! Get help immediately!
- **RED ZONE**

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**NOTES:**
- **Date of Birth**
- **Effective Date**
- **Parent/Guardian**
- **Doctor's Office Phone Number**
- **Parent's Phone**
- **Emergency Contact After Parent**
- **Contact Phone**

**Student is able to self medicate:**
- Yes
- No

**Parent/Guardian Signature:**

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**Doctor's Signature/Stamp**

Adapted from the original design by the Pediatric Asthma Coalition of New Jersey.