Asthma Action Plan

Name_____ Age_____ Sport _____
Emergency Contact _____ Phone No._____
Physician treating athlete for asthma_____
Physician phone no._____

Emergency Plan
Emergency action is necessary when the athlete has symptoms such as _____, _____, _____, and _____ or has a peak flow reading of _____.

Steps to take during an asthma episode:

1. Check peak flow
2. Athlete – takes medication (recovering within 15-20 minutes)
3. Contact – emergency contact person
4. Recheck peak flow
5. ***SEEK EMERGENCY MEDICAL CARE*** if athlete has any of the following:
   - Coughs constantly
   - No improvement 15-20 minutes after initial treatment
   - Peak flow of _____
   - Difficulty breathing
     - Chest and neck pulled in with breathing
     - Stooped body posture
     - Struggling or gasping
   - Trouble walking or talking
   - Lips and/or fingernails gray or blue
   - Stops playing and cannot start activity again

Emergency Asthma Medications:

	Name	Amount	When to use
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Peak Flow Monitoring:
Personal Best Peak Flow number _____
Monitoring times _____ _____ _____ _____

Identify the things which start an asthma episode:
Exercise Strong odors Mold
Respiratory infection Dust Pollens
Change in temperature Carpets Animals
Foods: _____, _____, _____, _____, _____
Other: _____, _____, _____, _____, _____

Athlete's comments:

Last reported episode:
Date - _____
Severity – mild _____ moderate _____ severe _____

Athlete's signature_____ Date _____
ATC Signature _____ Date _____