

Hey

Babysitter, Nanny,
Caregiver, Teacher or Friend





ASTHMA EMERGENCY ACTION PLAN


Place child's
photo here

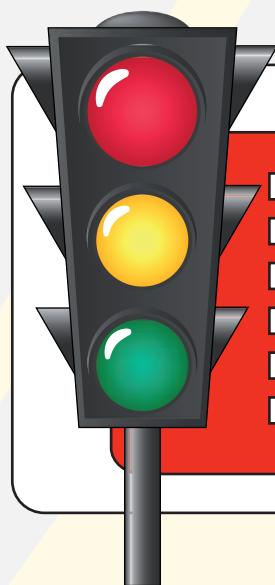
In case of a possible Severe Asthma Attack

Child's name:	Medic Alert #
Nickname:	Home phone:
Address:	Cell phone:
Date of Birth:	Work phone:
Parent / guardian:	Emergency phone OR 911
Doctor's name:	Doctor's phone:

 **I Have No Asthma Symptoms.**

 **I Have Asthma Symptoms,
But I am in Control.**

 **I Am In Danger and Need Help!**



RED ZONE WARNING SYMPTOMS AND SIGNS

- Extreme cough, wheeze or chest tightness.
- Shortness of breath, getting worse.
- Difficulty walking or talking.
- Hard time breathing.
- Hunched over, struggling to breathe.
- Reliever drug is not helping symptoms.
- Peak flow meter reading is less than 50% of personal best.
- Cannot perform usual activities.
- Feeling feint and / or frightened.
- Lips and fingernails are blue.
- The attack came on suddenly.

WHAT TO DO

- TELEPHONE 911** for emergency medical help and tell the dispatcher:
"A CHILD IS HAVING A LIFE THREATENING ASTHMA ATTACK."
- WHEN IN DOUBT** get to hospital emergency room as efficiently as possible.

OUR CHILD CAN HAVE AN ASTHMA ATTACK IF EXPOSED TO ANY OF THE FOLLOWING:

Tobacco Smoke • Dust Mites • Animals • Cockroaches • Outdoor grass, weed, tree pollen
• Molds • Strong Fumes • Exercise (when asthma not controlled)

- Peanuts** **Tree nuts** **Milk** **All dairy** **Eggs** **Shellfish** **Fish**

Food additives (list)

Medications (list)

Others

OTHER EMERGENCY CONTACT INFORMATION

Empty rounded rectangular box for additional emergency contact information.