

# Asthma Action Plan

Child's Name	Birthdate	Grade	School

1. Asthma Severity (check one):     Mild intermediate     Mild persistent     Moderate persistent     Severe persistent

2. Medications (at school AND at home):

A. QUICK-RELIEF medication name:	MDI, oral, neb?	Dosage or No. of puffs:	
1.			
2.			
B. ROUTINE medication name (e.g. anti-inflammatory):	MDI, oral, neb?	Dosage or No. of puffs:	Time of Day:
1.			
2.			
C. BEFORE PE, EXERTION medication name:	MDI, oral, neb?	Dosage or No. of puffs?	
1.			
2.			

3. For student on inhaled medication (all students must go to health office for oral medications):

Assist student with medication in office     Remind student to take medication     May carry own medication

4. Check Known Triggers:     Tobacco     Pesticide     Animals     Birds     Dust     Cleaners     Car Exhaust     Perfume  
 Mold     Cockroach     Cold Air     Cleaners     Exercise     Other:

<p><b>Green Zone</b> No Symptoms</p>	<p><b>Yellow Zone</b></p> <ul style="list-style-type: none"> <li>Coughing</li> <li>Wheezing</li> <li>Short of breath</li> <li>Chest tightness</li> <li>Difficulty breathing</li> </ul> <p><i>Action for home or school: Give QUICK-RELIEF medications; notify parent.</i></p>	<p><b>Red Zone</b></p> <ul style="list-style-type: none"> <li>Coughing</li> <li>Short of breath</li> <li>Very fast or hard breathing</li> <li>Nasal flaring</li> <li>Skin retracting/sucking over neck, stomach, or ribs with breaths</li> <li>Breathing so hard they cannot walk or speak</li> <li>Lips or fingernail beds turn blue</li> </ul> <p><i>Action for home or school: Give QUICK-RELIEF medications; notify parent.</i></p> <ul style="list-style-type: none"> <li>If student improves to yellow zone, inform parent.</li> <li>If student stays in red zone, begin <b>School Emergency Plan</b>.</li> </ul>
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## School Emergency Plan

IF student has:

1. No improvement 15-20 minutes AFTER initial treatment with QUICK-RELIEF medication,
2. Trouble walking or talking,
3. Chest/neck muscle retractions with breaths, hunched, or blue color;

THEN

1. Give QUICK-RELIEF medication, Call 911.
2. Repeat in 10 minutes, if help has not arrived.
3. Contact parent.

**In Yellow or Red Zone?** Students with symptoms who need to use QUICK-RELIEF medication may need change in routine medication. School nurse will contact parent.

Physician's Name\* (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office address: \_\_\_\_\_ Office phone: \_\_\_\_\_

\*Includes nurse practitioner or other health care provider as long as there is authority to prescribe.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency phone number(s)/names of contact: \_\_\_\_\_