

Asthma Action Plan

(School Name)

Student Name: _____ Grade: _____ Date: _____

Parent Contact #1: _____ Daytime Phone: (____) _____

Parent Contact #2: _____ Daytime Phone: (____) _____

Emergency Contact: _____ Daytime Phone: (____) _____

Health Care Provider: _____ Daytime Phone: (____) _____

GO (Green)	Use These Medicines Every Day																			
<p>You have <u>ALL</u> of these:</p> <ul style="list-style-type: none"> ▶ Breathing is good ▶ No cough or wheeze ▶ Sleep through the night ▶ Can work and play <p>And/Or Peak Flow <u>above</u>:</p> <hr/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">MEDICINE/DOSAGE</th> <th style="width: 33%;">HOW MUCH TO TAKE</th> <th style="width: 33%;">WHEN TO TAKE IT</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="3">Comments: _____</td> </tr> </tbody> </table> <p>For asthma with exercise, take:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> </tr> </table>	MEDICINE/DOSAGE	HOW MUCH TO TAKE	WHEN TO TAKE IT							Comments: _____						<p>Check all items that trigger your make your asthma worse:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chalk dust <input type="checkbox"/> Cigarette <input type="checkbox"/> Smoke/second hand smoke <input type="checkbox"/> Cold/Flu <input type="checkbox"/> Dust mite, dust <input type="checkbox"/> Exercise <input type="checkbox"/> Mold <input type="checkbox"/> Ozone alert days <input type="checkbox"/> Pets-animal dander <input type="checkbox"/> Plants, flower, cut grass, pollen <input type="checkbox"/> Strong odors, perfumes cleaning products, scented products <input type="checkbox"/> Wood smoke <input type="checkbox"/> Foods: _____ _____ <input type="checkbox"/> Other: _____ _____ 			
MEDICINE/DOSAGE	HOW MUCH TO TAKE	WHEN TO TAKE IT																		
Comments: _____																				
CAUTION (Yellow)	Continue with green zone medicine and ADD:																			
<p>You have <u>ANY</u> of these:</p> <ul style="list-style-type: none"> ■ First sign of a cold ■ Exposure to known trigger ■ Cough ■ Mild wheeze ■ Tight chest ■ Coughing at night <p>And/Or Peak flow From:</p> <hr/> <p style="text-align: center;">To:</p> <hr/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">MEDICINE/DOSAGE</th> <th style="width: 33%;">HOW MUCH TO TAKE</th> <th style="width: 33%;">WHEN TO TAKE IT</th> </tr> </thead> <tbody> <tr> <td>FIRST</td> <td> </td> <td> </td> </tr> <tr> <td>▶</td> <td> </td> <td> </td> </tr> <tr> <td>NEXT</td> <td> </td> <td> </td> </tr> <tr> <td>▶</td> <td> </td> <td> </td> </tr> <tr> <td colspan="3">Comments: _____</td> </tr> </tbody> </table> <p>▶ IF QUICK RELIEVER/YELLOW ZONE MEDICINE IS NEEDED MORE THAN 2-3 TIMES A WEEK...CALL YOUR DOCTOR.</p>	MEDICINE/DOSAGE	HOW MUCH TO TAKE	WHEN TO TAKE IT	FIRST			▶			NEXT			▶			Comments: _____			
MEDICINE/DOSAGE	HOW MUCH TO TAKE	WHEN TO TAKE IT																		
FIRST																				
▶																				
NEXT																				
▶																				
Comments: _____																				
DANGER (Red)	Take these medicines and call your doctor!																			
<p>Your asthma is getting worse fast:</p> <ul style="list-style-type: none"> ■ Medicine is not helping within 15-20 minutes ■ Breathing is hard and fast ■ Nose opens wide ■ Ribs show ■ Lips blue ■ Fingernails blue ■ Trouble walking and talking <p>And/Or Peak Flow <u>below</u>:</p> <hr/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">MEDICINE/DOSAGE</th> <th style="width: 33%;">HOW MUCH TO TAKE</th> <th style="width: 33%;">WHEN TO TAKE IT</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="3">Comments: _____</td> </tr> </tbody> </table> <p style="text-align: center;">Get help from a doctor NOW! It's Important!!</p> <p style="text-align: center;">Asthma is a potentially life threatening illness. If you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT. Make an appointment with your primary care provider within two days of an ER visit or hospitalization.</p>	MEDICINE/DOSAGE	HOW MUCH TO TAKE	WHEN TO TAKE IT							Comments: _____									
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I give permission for this asthma action plan to be used and shared by school staff and the child's health care provider as necessary to help this child manage his/her asthma. This plan when signed and dated, may replace the school's consent to administer medication form. It also, grants permission for this child's medication to be administered at school.

____ Student MAY carry and self-administer inhaler medications after approval by the School Nurse

____ Student NOT allowed to carrying or self-administering inhaler medications

*Parent/Guardian Signature: _____ Date: _____

*Physician Signature: _____ Date: _____