**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider Name/Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Asthma Severity**

Intermittent Exercise-Induced

Persistent: Mild Moderate Severe

**Asthma Triggers**

Colds/Illness Smoke Pollen Dust Animals: \_\_\_\_\_\_\_\_\_\_

Strong odors Exercise Pests (rodents, cockroaches) Season: Fall, Winter, Spring, Summer

Mold/moisture Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Normal Asthma Symptoms**

Chest Pain Short of Breath Coughing Wheezing Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location where inhaler is kept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List other medications student takes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does student ride the bus? Y N Bus # \_\_\_\_\_\_\_\_ (*if yes, a copy of this plan will be shared with transportation*)

Student needs to use a spacer with inhaler

|  |  |
| --- | --- |
| **Green Zone** | |
| * Breathing easy * No cough/wheeze * Can work/play * Can sleep all night | Controller Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Take albuterol or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_ puffs 5-10 minutes before exercise as needed |
| **Yellow Zone** | |
| * Coughing/wheezing * Chest tightness * Difficulty working, playing or sleeping | Albuterol or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_ puffs every \_\_\_\_\_\_ hours as needed  Albuterol or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, one nebulizer treatment every \_\_\_\_\_ hours as needed. |
| **Red Zone: EMERGENCY! USE RESCUE MEDICATIONS AND GET HELP!** | |
| * Can’t talk, walk or eat well * Breathing hard and fast * Lips/fingernails turn blue * Tired or lethargic * Ribs or neck muscles show with breathing | Albuterol or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_ puffs **every 15 minutes** for **three treatments**  Albuterol or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, one nebulizer treatment **every 15 minutes** for **three treatments**  **CONTACT PARENTS FOR PICKUP. IF PARENTS ARE UNAVAILABLE OR CANNOT COME TO SCHOOL RIGHT AWAY CALL 911.** |

Planning Participants (signatures)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Healthcare Provider Parent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building Administrator School Nurse