



# NORTHBROOK SCHOOL DISTRICT 27

## Asthma Action Plan/Medication Authorization Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 School: \_\_\_\_\_ School Year: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian must provide the prescription label: include name of medication, prescribed dosage, times and circumstances medication is to be given.

| Severity Classification   | Triggers  | Exercise  |
|---|---|---|
| <input type="radio"/> Intermittent <input type="radio"/> Moderate Persistent<br><input type="radio"/> Mild Persistent <input type="radio"/> Severe Persistent | <input type="radio"/> Colds <input type="radio"/> Smoke <input type="radio"/> Weather<br><input type="radio"/> Exercise <input type="radio"/> Dust <input type="radio"/> Air Pollution<br><input type="radio"/> Animals <input type="radio"/> Food<br><input type="radio"/> Other _____ | 1. Premedication (how much and when) _____<br>2. Exercise modifications _____ |

### Green Zone: Doing Well

### Peak Flow Meter Personal Best = \_\_\_\_\_

#### Symptoms

- Breathing is good
- No cough or wheeze
- Can work and play
- Sleeps well at night

#### Control Medications:

| Medicine | How Much to Take | When to Take It |
|----------|------------------|-----------------|
|          |                  |                 |
|          |                  |                 |
|          |                  |                 |

#### Peak Flow Meter

More than 80% of personal best or \_\_\_\_\_

### Yellow Zone: Getting Worse

### Contact physician if using quick relief more than 2 times per week.

#### Symptoms

- Some problems breathing
- Cough, wheeze, or chest tight
- Problems working or playing
- Wake at night

#### Continue control medicines and add:

| Medicine | How Much to Take | When to Take It |
|----------|------------------|-----------------|
|          |                  |                 |
|          |                  |                 |
|          |                  |                 |

#### Peak Flow Meter

Between 50% and 80% of personal best or \_\_\_\_\_ to \_\_\_\_\_

#### IF your symptoms (and peak flow, if used) return to Green Zone after one hour of the quick-relief treatment, THEN

- Take quick-relief medication every 4 hours for 1 to 2 days.
- Change your long-term control medicine by \_\_\_\_\_
- Contact your physician for follow-up care.

#### IF your symptoms (and peak flow, if used) DO NOT return to Green Zone after one hour of the quick-relief treatment, THEN

- Take quick-relief treatment again.
- Change your long-term control medicine by \_\_\_\_\_
- Call your physician/Healthcare provider within \_\_\_\_\_ hour(s) of modifying your medication routine.

### Red Zone: Medical Alert

### Ambulance/Emergency Phone Number: \_\_\_\_\_

#### Symptoms

- Lots of problems breathing
- Cannot work or play
- Getting worse instead of better
- Medicine is not helping

#### Continue control medicines and add:

| Medicine | How Much to Take | When to Take It |
|----------|------------------|-----------------|
|          |                  |                 |
|          |                  |                 |
|          |                  |                 |

#### Peak Flow Meter

Less than 50% of personal best or \_\_\_\_\_ to \_\_\_\_\_

#### Go to the hospital or call for an ambulance if:

- Still in the red zone after 15 minutes.
- You have not been able to reach your physician/healthcare provider for help.
- \_\_\_\_\_

#### Call an ambulance immediately if the following danger signs are present:

- Trouble walking/talking due to shortness of breath.
- Lips or fingernails are blue.