

**SAN ANGELO INDEPENDENT SCHOOL DISTRICT
HEALTH SERVICES**

Asthma Action Plan

Student: _____ Grade: _____ DOB: _____

_____ ID#: _____

Severity of reaction(s):

Mother: _____ Home #: _____ Work # _____ Cell #: _____

Father: _____ Home #: _____ Work #: _____ Cell #: _____

Emergency Contact: _____ Home #: _____ Work #: _____ Cell #: _____

I agree with the recommendations and give consent to follow the plan of action as directed below by my child's physician.

Parent/Guardian Signature: _____

Date: _____

BELOW TO BE COMPLETED BY PHYSICIAN ONLY

GREEN ZONE	PREVENTATIVE PLAN	<p>The student is breathing well with no cough, wheeze, or shortness of breath day or night. Working and playing normally. Avoid triggers and take medications as prescribed by your provider. Use controller medicines daily at home.</p> <p>Pre-treatment before PE/recess (as needed): Give: (Choose one)</p> <ul style="list-style-type: none"> • Albuterol or Xopenex by inhaler 1 or 2 puffs before PE/recess as needed OR • _____ by inhaler _____ or _____ puffs _____ before PE/recess as needed
YELLOW ZONE	RESCUE PLAN	<p>IF YOU SEE THIS: Cough, wheezing, shortness of breath, chest tightness, breathing fast or heavy, coughing at night, or exercise limitation. Contact with an asthma trigger. Continue controller medicines daily at home. SLOW DOWN.</p> <p>DO THIS: Give: (choose one)</p> <ul style="list-style-type: none"> • Albuterol or Xopenex by inhaler 1 or 2 puffs four times daily as needed OR • _____ by inhaler _____ puffs as needed • Albuterol or Xopenex by nebulizer 1 unit dose vial every 4 hours as needed OR • _____ by nebulizer 1 vial as needed <p>If no improvement, call the parent or emergency contacts listed above.</p>
RED ZONE	EMERGENCY PLAN	<p>IF YOU SEE THIS: Very short of breath with difficulty walking or talking. Hunched over while breathing. Cough or wheeze is constant. Neck or stomach muscles are used to breathe. Ribs showing or nose opening flaring. Reliever medications are not helping.</p> <p>DO THIS: Give: (choose one)</p> <ul style="list-style-type: none"> • A second dose of reliever medication in 20 minutes OR • A second dose of reliever medication in _____ minutes. • AND notify parent/guardian. Have parent/guardian pick up student. <p>If student cannot say a full sentence in one breath or if there is no improvement within 15 minutes after medication, call 911!</p>

**ATTENTION
PHYSICIAN
(Please check one)**

- I have instructed this student the proper way to use his/her medications. It is my professional opinion that he/she should be allowed to carry and self-administer the above medications while on school property or at school-related events.
- It is my professional opinion that this student should **NOT** be allowed to carry and/or self-administer any of his/her asthma medications while on school property or at school related events.

Doctor's Signature: _____ Date: _____

Doctor's Printed Name: _____

Revised 3/18