



Brownsville Independent School District
Health Services
 708 Palm Blvd. Ste. 111, Brownsville, Texas 78520

SCHOOL YEAR 20____-20____

ASTHMA ACTION PLAN

Date: _____

DIAGNOSIS: Asthma Severity (Select one): Intermittent; Exercise Induced Asthma/Bronchoconstriction
 Persistent: Mild; Moderate; Severe

RESCUE MEDICATION: Proventil HFA; Ventolin HFA; Xopenex HFA; ProAir HFA; ProAir RespiClick; Nebulizer

PREVENTATIVE MEDICATION (taken at home): _____ Inhaler Diskus
 # _____ Inhalations/Puffs _____ times a day; Other: _____

What triggers my asthma: Smoke Mold Tree/Grass/Weed Pollen Cold/Virus Exercise Seasons Other: _____

GREEN ZONE: DOING WELL	YELLOW ZONE: ASTHMA GETTING WORSE	RED ZONE: MEDICAL ALERT
<p>If no cough, wheeze, chest tightness or shortness of breath during the day/night and can do usual activities, then:</p> <p>Take as Needed before exercise: 2 puffs of Rescue Medication 5-15 mins before exercise</p> <div align="center" data-bbox="203 1113 446 1386"> </div>	<p>If cough, wheeze, chest tightness or shortness of breath; waking at night due to asthma; or can do some but not all usual activities, then:</p> <p>TAKE rescue inhaler dose 2-4 puffs every 20 mins for up to 1 hour as needed for cough, wheeze, shortness of breath or chest tightness.</p> <p align="center"><i>or:</i></p> <p><i>Nebulizer, once or up to every 20 mins for up to 1 hour for cough, wheeze, shortness of breath or chest tightness.</i></p> <p>Call the healthcare Provider within 24 hours if asthma symptoms do not improve</p> <p>IF AT SCHOOL: Return student to classroom if stable & symptoms return to green zone <i>and</i> continue monitoring to be sure student remains in GREEN ZONE</p> <p>Or if symptoms do not return to GREEN ZONE after 1 hour of treatment: TAKE: Rescue Inhaler 2-4 puffs and CALL parent and health care provider.</p>	<p>IF ONE OR MORE OF THE FOLLOWING ARE PRESENT:</p> <ul style="list-style-type: none"> • Coughing, wheezing, shortness of breath, not helped with medications • Hard time breathing with chest and neck pulled in with breathing: Child is hunched over • Trouble walking or talking due to shortness of breath • Stops playing and cannot start activity again • Lips or fingernails are grey or blue then: <p>TAKE RESCUE INHALER 4-6 inhalations or nebulizer. Call 911, parent and healthcare provider. Repeat the dose if not improved in 15-20 mins.</p> <div align="center" data-bbox="1120 1176 1526 1449"> </div>

Name: _____ DOB: _____ School: _____ Fax: _____
 Health Care Provider #: _____ Fax: _____ Emergency #: 911 OR _____

(Circle one) Patient MAY / MAY NOT be allowed to carry and self-administer rescue inhaler.

- I authorize health information sharing on my child with relevant school officials and healthcare providers.
 Autorizo a la información de salud compartiendo en mi hijo/hija con las autoridades escolares competentes y profesionales de la salud.

Parent/Guardian Signature

 X

Provider Name/Signature

 X