VIRGINIA PEDIATRIC ASTHMA ACTION PLAN

DOB: NAME PHONE School Year: RELATIONSHIP Healthcare Provider: Additional info: Provider Contact Number: Additional info: Or ough or wheeze No cough or wheeze Sleeps well On trouble breathing No cough or wheeze Montelukast/Singulair Sleeps well Montelukast/Singulair Can play as usual Use controller daily, even when 1 feel fine. Spacer recommended with HFA inholers. For Asthma with exercise add: only out if needed VELLOW ZONE: If your quick reliever medicine is: Other If your quick reliever medicine is: budesonide/formoterol Other Thy our quick reliever medicine is: budesonide/formoterol Other If your quick reliever medicine is: budesonide/formoterol Other They an ended up to max 12 puff/day for ages 12+ on monetasone/formoterol Is induce relever + 6 hours as needed up to max 12 puff/day for ages 12+ if your quick reliever medicine is: If your quick reliever medicine is: low and not not outputs relever to medicine is: Is puff as needed up to max 12 puff/day for ages 12+ if your quick reliever medicine is: In puff as needed in the nonthoring, i	Child Name:	EME	RGENCY CONTACT	
School Year: RELATIONSHP Healthcare Provider: Additional info: Provider Contact. Number: Additional info: Or volue breathing	DOB:			PHONE
Healthcare Provider: Additional info: Provider Contact Number: Additional info: SREEN ZONE: GOI No trouble breathing No trouble breathing Outputs Steps will Montelukast/Singulair Mg once daily Can play as usual Use controller daily, even when I feel fine. Spacer recommended with HFA inholers: For Asthma with secricie add: outputs outputs VELLOW ZONE: If your quick reliever medicine is: outputs Output If your quick reliever medicine is: outputs outputs Vellow ZONE: If your quick reliever medicine is: outputs outputs outputs Output If your quick reliever medicine is: outputs outputs outputs outputs Wherea If your quick reliever medicine is: outputs outputs <t< th=""><th>School Year:</th><th></th><th></th><th>PHONE</th></t<>	School Year:			PHONE
Provider Contact Number: <pre></pre>	Healthcare Provider:			
GREEN ZONE: GOI Night Puffs puff	Provider Contact Number:	Additi	onal info:	
SREEN ZONE: GOI No trouble breathing No cough or wherea Seeps will On plays as usai See monther and the work of the second of the second				
Yeldword If your quick reliever medicine is:budesonide/formaterolnometasone/formaterol Cough If your quick reliever medicine is:put max of a putfs/day for ages 4.11 Wheeze	GREEN ZONE: GO! • No trouble breathing • No cough or wheeze • Sleeps well • Can play as usual Use cont For Asthma	Montelukast/Singulair roller daily, even when I with exercise add:	Mg once daily feel fine. Spacer recomm	puffs puffs puffs puffs puffs puffs
 Can't talk, eat, walk well Medicine is not helping Breathing hard and fast Blue lips and fingernails Tired or lethargic Nonstop cough Ribs show Dial 911 now/ GO TO THE EMERGENCY DEPARTMENT! • Take 1 puff of budesonide/formoterol or mometasone/formoterol. Wai • Take 1 puff of budesonide/formoterol or mometasone/formoterol. Wai • Take 1 puff of budesonide/formoterol or mometasone/formoterol. Wai • Take 1 puff of budesonide/formoterol or mometasone/formoterol. Wai • Take 1 puff of budesonide/formoterol or mometasone/formoterol. Wai • Take 1 puff of budesonide/formoterol or mometasone/formoterol. Wai • Take 1 puff of budesonide/formoterol or mometasone/formoterol. Wai • Take 1 puff of budesonide/formoterol or mometasone/formoterol. Wai • Take 1 puff of budesonide/formoterol or mometasone/formoterol. Wai • Take 1 puff of budesonide/formoterol or mometasone/formoterol. Wai • Take 1 puff of budesonide/formoterol or mometasone/formoterol. Wai • Take 1 puff of budesonide/formoterol or mometasone/formoterol. Wai • Take 1 puff of budesonide/formoterol or mometasone/formoterol. Wai • Take 1 puff of puffs in route to emergency department. • If only albuterol is available, take puffs or nebulizer as often as • needed, and administer medication per the healthcare provider when • needed, and administer medication per the healthcare providers orders. I assume • ull responsibility for providing the school with prescribed medication and delivery/monitoring devices. With HCP authorization & parental consent, the inhaler • Student has demonstrated the ability to safely and effectively • Carry and self-administer inhaled asthma medication. • Student needs assistance & should not self-carry. • Date • Pater	Caution! • Cough • Cough • Wheeze • Chest tightness • Shortness of breath • Other • If you Take If you Take If you Take If you Take If you Take If you Take If you Take If you Take If you Take If you If you Take If you If you	ur quick reliever medicine is : 1 puff every 10 minutes if nptoms continue add: 1 pu 1 pu Call mer ur quick reliever medicine is ::puffs or 1 nebulizer tx mptoms resolve, return to C nptoms continue after 1 hour puffs every 4-6 hours as a	 budesonide/formoter budesonide/formoter needed x 3 until symptoms ff as needed up to max of 8 p ff as needed up to max 12 put your Provider if you need cont icine is not working. albuterol Can repeat every 15 minut REEN ZONE and continue r hen continue controller and eeded until symptoms resolved 	ol mometasone/formoterol resolve and return to green zone. uffs/day for ages 4-11 ffs/day for ages 12+
nent plan of care for my child, contact my child's healthcare provider when needed, and administer medication per the healthcare providers orders. I assume ull responsibility for providing the school with prescribed medication and delivery/monitoring devices. With HCP authorization & parental consent, the inhaler will be located: in clinic or with student (self-carry) PARENT/Guardian Signature:	 Can't talk, eat, walk well Medicine is not helping Breathing hard and fast Blue lips and fingernails Tired or lethargic Nonstop cough 	 Dial 911 now/ GO TO THE EMERGENCY DEPARTMENT! Take 1 puff of budesonide/formoterol or mometasone/formoterol. Wait 1-3 minutes. If there is no improvement, take additional puff(s) up to a maximum of 6 puffs in route to emergency department. If only albuterol is available, take puffs or nebulizer as often as 		
	ment plan of care for my child, contact my child's hea needed, and administer medication per the healthcare full responsibility for providing the school with prescri ery/monitoring devices. With HCP authorization & par will be located: in clinic or with student (self-ca	Ithcare provider when e providers orders. I assu bed medication and deliv rental consent, the inhale arry)	me Student has den carry and self- ad r Student needs as	PROVIDER ORDER nonstrated the ability to safely and effectively se Iminister inhaled asthma medication. ssistance & should not self-carry. Date

School nurse/Staff Signature:

Date:

Approved June 2023 Virginia Asthma Action Plan Expert Group convened by the Consortium for infant and Child Health at Eastern Virginia Medical School. Updated February 2025