

ASTHMA ACTION PLAN

[To be completed by Health Care Provider]



ECC/Lower School Health Office: 212-774-8012
 Middle School Health Office: 212-774-8046
 Upper School Health Office: 212-774-8089

 Name Date of Birth

 Address Emergency Contact/Phone

Asthma Severity: Intermittent Mild Persistent Moderate Persistent Severe Persistent

Asthma Triggers: Colds Exercise Animals Dust Smoke Food Weather Other

If Feeling Well (Green Zone)

Take Every Day Long-Term Control Medicines

You have all of these:

- ◆ Breathing is good
- ◆ No cough or wheeze
- ◆ Can work / play
- ◆ Sleeps all night

Peak flow in this area:
 _____ to _____

MEDICINE:	HOW MUCH:	WHEN TO TAKE IT:

5 - 15 minutes before exercise, use this medicine

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If Not Feeling Well (Yellow Zone)

Take Every Day Medicines and Add these Quick-Relief Medicines

You have any of these:

- ◆ Cough
- ◆ Wheeze
- ◆ Tight chest
- ◆ Coughing at night

Peak flow in this area:
 _____ to _____

MEDICINE:	HOW MUCH:	WHEN TO TAKE IT:

Call doctor if these medicines are used more than two days a week

If Feeling Very Sick (Red Zone)

Take These Medicines and Get help from a Doctor NOW!

Your asthma is getting worse fast:

- ◆ Medicine is not helping
- ◆ Breathing is hard and fast
- ◆ Nose opens wide
- ◆ Can't walk or talk well
- ◆ Ribs show

Peak flow reading below:

MEDICINE:	HOW MUCH:	WHEN TO TAKE IT:

SEEK EMERGENCY CARE or CALL 911 NOW if: lips are bluish, getting worse fast, hard to breathe, can't talk or cry because of hard breathing or has passed out.

Make an appointment with your primary care provider within two days of an ER visit or hospitalization

- Student may carry medication and may self-administer.
- Store medication in Health Office and student to self-administer under observation.
- Store medication in Health Office and nurse to administer.

 Health Care Provider Name Health Care Provider Signature Date

 Health Care Provider Telephone Health Care Provider Fax

 Parent/Guardian Signature Date