Asthma Action Plan

Doing Well

- No cough, wheeze, chest tightness, or shortness of breath during the day or night
- Can do usual activities

And, if a peak flow meter is used,

Peak flow: more than
(80 percent or more of my best peak flow)

My best peak flow is:

Before exercise

Take these long-term control medicines each day (include an anti-inflammatory).

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How much to take</th>
<th>When to take it</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If a peak flow meter is used:

Peak flow: more than
(80 percent or more of my best peak flow)

My best peak flow is:

Before exercise

Take these long-term control medicines each day (include an anti-inflammatory).

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How much to take</th>
<th>When to take it</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Asthma Is Getting Worse

- Cough, wheeze, chest tightness, or shortness of breath, or
- Waking at night due to asthma, or
- Can do some, but not all, usual activities
  - Or-
  
  Peak flow: ________ to ________
  (60 to 79 percent of my best peak flow)

First

Add: quick-relief medicine—and keep taking your GREEN ZONE medicine.

- (short-acting beta2-agonist) 2 or 4 puffs, every 20 minutes for up to 1 hour
- Nebulizer, once

Second

If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:

- Continue monitoring to be sure you stay in the green zone.

If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:

- Take: (short-acting beta2-agonist) 2 or 4 puffs, or Nebulizer
- Add: (oral steroid) mg per day For _________ (3–10) days
- Call the doctor before/within _________ hours after taking the oral steroid.

Medical Alert!

- Very short of breath, or
- Quick-relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone
  - Or-
  
  Peak flow: less than ________
  (50 percent of my best peak flow)

Take this medicine:

- (short-acting beta2-agonist) 4 or 6 puffs, or Nebulizer
- (oral steroid) mg

Then call your doctor NOW. Go to the hospital or call an ambulance if:

- You are still in the red zone after 15 minutes AND
- You have not reached your doctor.

DANGER SIGNS

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

Take 4 or 6 puffs of your quick-relief medicine AND

Go to the hospital or call for an ambulance _________ NOW!

(phone)

See the reverse side for things you can do to avoid your asthma triggers.
This guide suggests things you can do to avoid your asthma triggers. Put a check next to the triggers that you know make your asthma worse and ask your doctor to help you find out if you have other triggers as well. Then decide with your doctor what steps you will take.

### Allergens

#### Animal Dander

Some people are allergic to the flakes of skin or dried saliva from animals with fur or feathers.

**The best thing to do:**
- Keep furred or feathered pets out of your home.
- If you can’t keep the pet outdoors, then:
  - Keep the pet out of your bedroom and other sleeping areas at all times, and keep the door closed.
  - Remove carpets and furniture covered with cloth from your home. If that is not possible, keep the pet away from fabric-covered furniture and carpets.

#### Dust Mites

Many people with asthma are allergic to dust mites. Dust mites are tiny bugs that are found in every home—in mattresses, pillows, carpets, upholstered furniture, bedcovers, clothes, stuffed toys, and fabric or other fabric-covered items.

**Things that can help:**
- Encase your mattress in a special dust-proof cover.
- Encase your pillow in a special dust-proof cover or wash the pillow each week in hot water. Water must be hotter than 130°F to kill the mites. Cold or warm water used with detergent and bleach can also be effective.
- Wash the sheets and blankets on your bed each week in hot water.
- Reduce indoor humidity to below 60 percent (ideally between 30—50 percent). Dehumidifiers or central air conditioners can do this.
- Try not to sleep or lie on cloth-covered cushions.
- Remove carpets from your bedroom and those laid on concrete, if you can.
- Keep stuffed toys out of the bed or wash the toys weekly in hot water or cooler water with detergent and bleach.

#### Cockroaches

Many people with asthma are allergic to the dried droppings and remains of cockroaches.

**The best thing to do:**
- Keep food and garbage in closed containers. Never leave food out.
- Use poison baits, powders, gels, or paste (for example, boric acid). You can also use traps.
- If a spray is used to kill roaches, stay out of the room until the odor goes away.

#### Indoor Mold

- Fix leaky faucets, pipes, or other sources of water that have mold around them.
- Clean moldy surfaces with a cleaner that has bleach in it.

#### Pollen and Outdoor Mold

What to do during your allergy season (when pollen or mold spore counts are high):
- Try to keep your windows closed.
- Stay indoors with windows closed from late morning to afternoon, if you can. Pollen and some mold spore counts are highest at that time.
- Ask your doctor whether you need to take or increase anti-inflammatory medicine before your allergy season starts.

### Irritants

#### Tobacco Smoke

- If you smoke, ask your doctor for ways to help you quit. Ask family members to quit smoking, too.
- Do not allow smoking in your home or car.

#### Smoke, Strong Odors, and Sprays

- If possible, do not use a wood-burning stove, kerosene heater, or fireplace.
- Try to stay away from strong odors and sprays, such as perfume, talcum powder, hair spray, and paints.

**Other things that bring on asthma symptoms in some people include:**

#### Vacuum Cleaning

- Try to get someone else to vacuum for you once or twice a week, if you can. Stay out of rooms while they are being vacuumed and for a short while afterward.
- If you vacuum, use a dust mask (from a hardware store), a double-layered or microfilter vacuum cleaner bag, or a vacuum cleaner with a HEPA filter.

#### Other Things That Can Make Asthma Worse

- Sulfites in foods and beverages: Do not drink beer or wine or eat dried fruit, processed potatoes, or shrimp if they cause asthma symptoms.
- Cold air: Cover your nose and mouth with a scarf on cold or windy days.
- Other medicines: Tell your doctor about all the medicines you take. Include cold medicines, aspirin, vitamins and other supplements, and nonselective beta-blockers (including those in eye drops).
WHITEHALL-COPLAY SCHOOL DISTRICT

Medication Dispensing Form

To the Physician:

Please complete and sign this form if you request your patient to receive a medication during school hours. By signing this form, you are indicating that the student could not attend school unless this medication was available during the school day.

Medication must be brought in the original bottle and will be kept in the health room. It will be the student’s responsibility to request the medication in the health room.

Student’s name: ______________________ Grade: _____ Teacher: ____________________

Prescribed medication: ____________________________________________________________

Dosage*, route, and frequency: __________________________________________________

Time of day to be given: _________________________________________________________

Reason for medication: _________________________________________________________

Side effects: _________________________________________________________________

Is child taking any other medication? Name? _________________________________________

This authorization is in effect from: ___________________ to: ____________________

☐ Student may carry INHALER / EPIPEN (circle choice) and use as prescribed by licensed provider.

*Licensed Prescriber signature: ____________________________ Date: _______________

Print name of Licensed Prescriber: ______________________________________________

Telephone # of Licensed Prescriber: ____________________________________________

I do hereby release, discharge, and hold harmless, the Whitehall-Coplay School District, its agents and employees, from any and all liability claim for the administration of the above medication to my child and for any and all injuries resulting there from. I consent for employees of Whitehall-Coplay School District to exchange information regarding this medication with the physician who ordered the medication. Please refer to the school calendar for policies related to medications.

Parent /Guardian signature: ____________________________ Date: _______________

*If the dosage is changed at any time, physician must complete new form. Please request additional forms as needed from the school nurse or obtain on-line at www.whitehallcoplay.org.

**This form is only valid for school year in which it was completed.