Montgomery County Asthma Action Plan & Medication Authorization Form

Name	School		Date of Birth
Healthcare Provider	Provider's Phone #	Fax #	Last flu shot
Parent/Guardian	Parent/Guardian Phone #		Parent/Guardian Email
Additional Emergency Contact	Contact Phone #		Contact Email

Asthma Triggers (Things that make your asthma worse)

□ Colds/Flu □ Dust mites □ Animals: _____ □ Exercise
□ Smoke (tobacco, incense) □ Mold □ Pests (rodents, cockroaches) □ Cold air
□ Strong odors □ Pollen □ Other: _____ □ Stress/emotions

Season
□ Fall □ Spring
□ Winter □ Summer

▼ Medical provider: complete from here down ▼

Asthma Severity: □ **Intermittent** *or* □ **Persistent:** □ **Mild** □ **Moderate** □ **Severe**

Green Zone: Go!

You have ALL of these:
- Breathing is easy
- No cough or wheeze
- Can exercise and play
- Can sleep all night
- No chest tightness
- No shortness of breath

Peak flow/FEV-1: > _____
(More than 80% of personal best)
Personal best peak flow/FEV-1: _____

Take these CONTROL (PREVENTION) Medicines EVERY Day

Always use a spacer with your MDI and rinse your mouth after using an inhaled corticosteroid

□ No control medicines required **OR** Control medicines to be given at: □ home □ school

□ Control Medicine: _____

_____ puff(s) ____ time(s) a day **OR** ____ nebulizer treatment(s) ____ time(s) a day

□ Other: _____

□ Montelukast (Singulair) □ Zafirlukast (Accolate): take _____ by mouth once daily at bedtime

For exercise-induced bronchospasm or symptoms, ADD:

MDI: □ Albuterol □ Levalbuterol □ Ipratropium **or DPI:** □ Albuterol (ProAir) RespiClick
2 puffs 15 minutes before exercise (e.g., PE class, recess, sports)

Yellow Zone: Caution!

If instructed by a caregiver, or you have ANY of these:
- Breathing is not easy
- Cough or wheeze
- Chest tightness
- Shortness of breath
- Night time symptoms
- Breathing problems with exercise/play

Peak flow/FEV-1: _____ to _____
(60% - 80% of personal best)

Continue CONTROL Medicines and ADD QUICK RELIEF Medicines

Possible side effects of quick relief medicine include increased heart rate, tremor, and nervousness

MDI: □ Albuterol 90 mcg □ Levalbuterol (Xopenex) 45 mcg □ Ipratropium (Atrovent) 17 mcg
____ puffs with spacer every _____ hours as needed **or**

DPI: □ Albuterol (ProAir) RespiClick 90 mcg: ____ puffs every _____ hours as needed **or**

Nebulizer: □ Albuterol _____ □ Levalbuterol (Xopenex) _____ □ Ipratropium (Atrovent) _____
nebulizer treatment every ____ hours as needed

□ Other: _____

Red Zone: DANGER!

You have ANY of these:
- Albuterol or levalbuterol not helping within 15 minutes
- Breathing is hard and fast
- Severe shortness of breath
- Nasal flaring
- Ribs showing when breathing
- Cannot speak in full sentences
- Blue lips or fingernails

Peak flow/FEV-1: < _____
(Less than 60% of personal best)

Continue CONTROL and QUICK RELIEF Medicines and CALL 911!

MDI: □ Albuterol 90 mcg □ Levalbuterol (Xopenex) 45 mcg □ Ipratropium (Atrovent) 17 mcg
____ puffs with spacer **every 15 minutes** for **THREE** treatments **or**

DPI: □ Albuterol (ProAir) RespiClick 90 mcg: ____ puffs **every 15 minutes** for **THREE** treatments **or**

Nebulizer: □ Albuterol _____ □ Levalbuterol (Xopenex) _____ □ Ipratropium (Atrovent) _____
nebulizer treatment **every 15 minutes** for **THREE** treatments

□ Other: _____

Call 911 or go directly to the Emergency Department NOW!
Contact Parent/Guardian after calling 911.

MEDICATION AUTHORIZATION & HEALTHCARE PROVIDER ORDER

Additional instructions: _____

Check One:

□ Student may carry and self-administer inhaler at school and work
□ Student may self-carry inhaler at school but needs assistance using inhaler
□ Student needs supervision or assistance using inhaler and **should not carry the inhaler at school**

MD/DO/NP/PA Signature: _____ DATE _____

This authorization is valid for one school year.

PARENT/GUARDIAN AUTHORIZATION

I authorize the administration of the medications as ordered above. I acknowledge that my child □ **is** □ **is not** authorized to self-carry his/her medication(s).

SIGNATURE _____ DATE _____

REVIEWED BY SCHOOL NURSE:

NAME _____

SIGNATURE _____ DATE _____

Authorized to self-carry medications: □ Yes □ No

Authorized to self-administer medications: □ Yes □ No

Based on the 2007 NAEPP Guidelines for the Diagnosis and Management of Asthma (EPR-3) and adapted with permission from the Virginia Asthma Action Plan — August 2016

*Adapted for use by Don Bosco Cristo Rey High School

How to Use This Form

The Asthma Action Plan is to be completed by a primary care provider for each individual (child or adult) that has been diagnosed with asthma. The Asthma Action Plan should be regularly modified to meet the changing needs of the patient and medicine regimens. The provider should be prepared to work with families to gain an understanding of how and when the Asthma Action Plan should be used. *Please complete the indicated sections of the Asthma Action Plan. Please write legibly, and refrain from using abbreviations.* ***Do not use ranges*** *for medication dosing or frequency.*

The Asthma Action Plan is an education and communication tool to be used between the health care provider and the patient, with their family and caregivers, to properly manage asthma and respond to asthma episodes. The patient, and their family or caregivers, should fully understand the Asthma Action Plan, especially related to using the peak flow or FEV-1 meter, recognizing warning signs, and administering medicines. Patients, families, and other caregivers should be given additional educational materials related to asthma, airflow monitoring, and environmental control.

Persons with asthma, parents, grandparents, extended family, neighbors, school staff, childcare providers, and other caregivers are among the persons that should use the Asthma Action Plan.

A spacer should be prescribed for all patients using a metered-dose inhaler (MDI).

Children over the age of six years *may* be given a meter that measures airflow (peak flow meter or FEV-1 meter), in addition to using symptoms, to monitor asthma control and determine the child's zone.

Parents of children under the age of six years should use symptoms to determine the child's zone.

Zone Instructions

When an airflow meter (peak flow meter or FEV-1 meter) is used, the personal best peak flow or FEV-1 should be determined when the child is symptom-free. A diary can be used to determine personal best (usually part of a peak flow meter or FEV-1 meter package). Meter readings should then be taken at all asthma visits and personal best reestablished regularly. Because peak flow meters and FEV-1 meters vary in recording airflow, please instruct your patients to bring their personal airflow meter to every visit.

Green: Green Zone is when there are no symptoms and the peak flow or FEV-1 is 80-100% of personal best. List all daily maintenance medicines. Fill in actual numbers, not percentages, for peak flow or FEV-1 readings.

Yellow: Yellow zone is when the listed symptoms are present and the peak flow or FEV-1 is 60-80% of personal best. Add medicines to be taken in the yellow zone and instruct the patient to continue with green zone (control/maintenance) medicines. Advise the patient and caregivers on how long to continue taking yellow (quick reliever) medicines and when to contact the provider.

Red: Red zone is when the listed symptoms are present and the peak flow or FEV-1 is 60% or below of personal best. List any medicines to be taken while waiting for emergency personnel to arrive after calling 911.

Green 100%	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300	310	320
Yellow 80%	80	88	96	104	112	120	128	136	144	152	160	168	176	184	192	200	208	216	224	232	240	248	256
Red 60%	60	66	72	78	84	90	96	102	108	114	120	126	132	138	144	150	156	162	168	174	180	186	192

Green 100%	330	340	350	360	370	380	390	400	420	440	460	480	500	520	540	560	580	600	620	640	660	680	700
Yellow 80%	264	272	280	288	296	304	312	320	336	352	368	384	400	416	432	448	464	480	496	512	528	544	560
Red 60%	198	204	210	216	222	228	234	240	252	264	276	288	300	312	324	336	348	360	372	384	396	408	420