

Montana Student Asthma Action Plan

Student _____ School Nurse/Emergency Staff Phone _____ Fax _____

Teacher _____ Parent/Guardian _____ Phone _____

Student's Healthcare Provider _____ Phone _____ Fax _____

Green Zone

Student is feeling well

- No difficulty participating in usual activities
- No chest tightness, shortness of breath, wheezing, or coughing during the day or night

Take these controller medications every day:

Medicine _____ Dosage _____ When to Take it _____

Before exercise: Medication _____ Dosage _____ _____ minutes prior to activity

Yellow Zone

Student is not feeling well

- Chest tightness, shortness of breath, wheezing, or coughing with usual activities
- Waking at night due to asthma symptoms

Continue taking controller medication(s) and add these quick-relief medications:

Medicine _____ Dosage _____ When to Take it _____

Call student's healthcare provider if: _____

Red Zone

Alert! Contact student's healthcare provider or call 911 if:

- Quick-relief medication is not helping
- Breathing is hard and fast
- Ribs are showing and nostrils are flaring
- Can't walk or talk well

Take the following medications, and call the healthcare provider or contact EMS right away:

Medicine _____ Dosage _____ When to Take it _____

Other key medical information

☐ Student self-carries rescue medication ☐ Rescue medication is stored _____

The student's asthma triggers are _____

Reviewed by parent/guardian _____ Date _____

Reviewed by school nurse/emergency staff _____ Date _____

Reviewed by student's healthcare provider _____ Date _____