

LPS Emergency Asthma Action Plan

School Year: _____ (includes Summer School)

Student's Name: _____ Date of Birth: _____ Grade: _____

Parent/Guardian Name: _____ Contact Number: _____

Physician's Name: _____ Contact Number: _____

Asthma Severity: Intermittent Mild Persistent Moderate Persistent Severe Persistent
 He/she has had many or severe asthma attacks/exacerbations

My triggers: _____

My asthma symptoms: _____

Green Zone	Yellow Zone	Red Zone
-Breathing is easy -No cough or wheeze -Able to work or play -Able to sleep at night	-First sign of a cold -Contact with a trigger -Problems breathing -Cough or wheeze -Coughing at night -Chest tightness	-Sinking in at ribs and neck -Hard to talk or walk -Cough or wheeze -Hard to breath out

Daily School Medication Plan

<p><u>Well Controlled Asthma:</u></p> <ul style="list-style-type: none"> Asthma symptoms at school occur less than 2 days per week (excluding before exercise). Can do usual activities at recess and in Physical Education class. Notify parent if student uses Rescue Inhaler/nebulizer more than 2 times per week at school (excluding before exercise). 	<p><u>Rescue Medication Dose:</u></p> <p><input type="checkbox"/> Albuterol/Xopenex inhaler 2 puffs with spacer, or</p> <p><input type="checkbox"/> Albuterol/Xopenex nebulizer solution 1 dose</p> <p><input type="checkbox"/> _____</p> <p><u>Frequency:</u></p> <p><input type="checkbox"/> Give 10-15 minutes before exercise, as needed</p> <p><input type="checkbox"/> Give every 4 hours as needed for wheezing/cough/shortness of breath</p> <p><u>After Treatment:</u></p> <p><input type="checkbox"/> Student may return to classroom after Rescue Inhaler treatment.</p> <p><input type="checkbox"/> Notify parent/guardian as needed.</p>
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School Emergency Plan

<p><u>Use this plan when:</u></p> <ul style="list-style-type: none"> Asthma symptoms of wheeze, cough, shortness of breath, or chest tightness continue after one treatment with Rescue Inhaler/nebulizer. 	<p><u>What to do:</u></p> <ul style="list-style-type: none"> Have the student take prescribed dose of Rescue Inhaler/nebulizer every 20 minutes up to 3 times. Notify parent
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***For symptoms not responding to treatment call 911.**

Parent/Guardian Signature (required): _____ Date: _____

Physician's Signature (required): _____ Date: _____