

Asthma Action Plan

Student Name _____ Date of Birth _____

For Completion by School

Grade _____ Homeroom Teacher or Class _____
Physical Education Days and Times _____
Parent(s) or Guardian(s) Name(s) _____
Home Phone _____
Emergency Contact/Phone _____
Mother's Work Phone _____ Mother's Cell Phone _____
Father's Work Phone _____ Father's Cell Phone _____
Physician' Name _____ Physician's Phone _____

For Completion by Physician

CHECK STUDENT'S PEAK FLOW Student's Personal Best Peak Flow Rate: _____

Green Zone Rate: _____ (80%-100%) of personal best; all clear. No asthma symptoms are present and daily routine treatment can be followed.

Prevent Asthma Symptoms: Give the prescribed long-term control medications every day; avoid triggers that make the student's asthma worse.

Other Actions: _____

Yellow Zone Rate: _____ (50%-80%) of personal best; **CAUTION.** Symptoms may be present and a temporary increase in medication may be indicated.

Symptoms may include: wheezing; coughing; chest tightness or other asthma symptoms; breathing harder or faster; less activity than usual; awakening due to coughing or difficulty breathing.

CAUTION: Take action by continuing to give regular asthma medications and _____ (include dose and frequency)

Repeat peak flow after 15 minutes if the student is still not in the Green Zone and has asthma symptoms:

Give more _____ (include dose and frequency)

_____ (include dose and frequency)

Call _____ Parents should be advised of measurement in this zone, symptoms, and actions taken

Red Zone Rate: _____ (Below 50%) of personal best; **MEDICAL ALERT!** An immediate bronchodilator should be given.

Warning signs may include: wheezing, coughing, or difficulty breathing that may continue or worsen, even after giving yellow zone medications; student is having trouble walking or talking because of difficulty breathing; student is drowsy or less alert than normal; medication fails to reduce symptoms.

Give more _____ (include dose and frequency).

Call an ambulance if the student is still in the red zone after 15 minutes (9-1-1 or other emergency phone in area: _____)

Call parent/guardian and/or physician.

All Current Medications and Dosages _____

Student's Known Triggers _____

Environmental Control Measures _____

Dietary Restrictions _____

Guidelines for Managing Asthma during Physical Exertion/Sporting Events _____

Physician's Signature _____ Date _____