CHARLOTTE CHRISTIAN SCHOOL
veritas tota | homini toti

ASTHMA ACTION PLAN | 2024-25

Health Room Fax #: (704) 368-1078

STUDENT

First: _____

Last: _____

DOB: _____ **Grade:** _____

PARENT

Parent's Names: _____

Father Cell: _____

Mother Cell: _____

Emergency Contact Name: _____ **Number:** _____
(other than parent)

→ PARENT SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY PHYSICIAN

TRIGGERS:

___ Pollen
___ Exercise
___ Mold
___ Cold/Flu
___ Dust Mites
___ Weather
___ Animals
___ Air pollution
___ Smoke
___ Food
___ Other: _____

ASTHMA SEVERITY CLASSIFICATION:

___ Intermittent
___ Mild Persistent
___ Moderate Persistent
___ Severe Persistent

EXERCISE PRE-TREATMENT:

___ Not required
___ Before Recess (select treatment to the right) →
___ Before P.E./Sports (select treatment to the right) →

GIVE THE STUDENT:

Medicine: _____
How much: _____
____ minutes prior to exercise

GREEN ZONE - ALL CLEAR - GO! - ASTHMA IS WELL CONTROLLED

☐ If checked, no controlled medicine at this time.

Symptoms:
- Breathing is easy
- No cough or wheeze
- Can do usual activites
- Can sleep through the night

☐ If checked, please monitor peak flow.
Peak flow from _____ to _____

MEDICINE	METHOD	DOSE	HOW OFTEN
			times per day
			times per day

YELLOW ZONE - CAUTION - TAKEN ACTION - ASTHMA IS GETTING WORSE, Continue green zone daily medications and...

Symptoms:
- Some shortness of breath
- Cough, wheeze or chest tightness
- Some difficulty doing usual activities
- Sleep disturbed by symptoms
- Symptoms of a cold or flu

☐ If checked, please monitor peak flow.
Peak flow from _____ to _____

MEDICINE	METHOD	DOSE	HOW OFTEN (circle one)
			Q _____ min/hr/day
			Q _____ min/hr/day

Alert parent to call doctor if yellow zone symptoms continue for 24 hours or if a child needs extra rescue medicine more than two times per week.

RED ZONE - STOP! - GET HELP NOW - TAKE QUICK RELIEF MEDICINE

Symptoms:
- Severe breathing problems
- Chest and neck pulled in with each breath
- Cannot do usual activities
- Difficulty walking or talking
- Rescue medicine is not helping

☐ If checked, please monitor peak flow.
Peak flow from _____ to _____ OR peak flow less than _____

THIS IS AN EMERGENCY! CALL 911
Continue green zone medicines and do the following:
☐ ____ puffs of Albuterol/Xopenex - Q _____ min
☐ one vial of Albuterol/Xopenex
Inhaled every 20 minutes for a total of _____ doses.

→ ☐ **IF CHECKED STUDENT WILL SELF-CARRY INHALER. (Lower School students must supply emergency medicine to the health room.)**
This student is capable and has been instructed in the proper method of self-administering medications named above. If checked this student will self carry emergency medicine throughout the school day and during all field trips. **ALL** middle and upper school students are responsible for self carrying emergency medicine during after school activities and overnight field trips, including sports, clubs, Winterim, Senior Trip and all summer activities/camps.)Student and/or parent will notify teachers, coaches, chaperones and school nurses emergency where medication will be located. All students are encouraged to provide an additional emergency medication to the health room.

→ PHYSICIAN SIGNATURE: _____ DATE: _____

PHYSICIAN NAME PRINTED: _____ PHONE: _____

ALL MEDICATION WILL BE DISCARDED IF NOT PICKED UP BY THE LAST DAY OF SCHOOL.
THE ABOVE MEDICATION ORDER IS VALID FOR ONE YEAR FROM THE DATE SIGNED BY THE PHYSICIAN.