

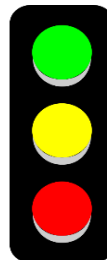
School Year: _____

Calallen ISD Health Services

ASTHMA ACTION PLAN

Name: _____		Date: _____	
Doctor: _____		Birthdate: _____	
Doctor's Phone: _____		Doctor's Fax: _____	
Parent Signature: _____		Parent Phone: _____	
Doctor's Signature: _____		Date: _____	

The colors of a traffic light will help you use your asthma medicines.



GREEN means Go Zone!

Use preventive medicine.

YELLOW means Caution Zone!

Add quick-relief medicine.

RED means Danger Zone!

Get help from a doctor.

☐ Student has been instructed and MAY carry inhaler.

GO

Use these daily controller medicines:

You have **all** of these:

- Breathing is Good
- No Cough or wheeze
- Sleep through the night
- Can work & play

MEDICINE	HOW MUCH	HOW OFTEN/WHEN
For asthma with exercise, take:		

CAUTION

Continue with green zone medicine and add:

You have **ANY** of these:

- First signs of a cold
- Exposure to known trigger
- Cough
- Mild Wheeze
- Tight Chest
- Coughing at night

MEDICINE	HOW MUCH	HOW OFTEN/WHEN
CALL YOUR ASTHMA CARE PROVIDER.		

DANGER

Take these medicines and call your doctor NOW

Your asthma is getting worse fast:

- Medicine is not helping
- Breathing is hard & fast
- Nose opens wide
- Trouble speaking
- Ribs show (in children)

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

Medication(s) Received: _____

Date and Nurse Signature _____

Uploaded in Skyward: Date/Initials _____