Lorain City Schools
Asthma Action Plan

School ____________________

Home Room # _____ **Grade** ___

Child's Name ______________________________ **Birth Date** ________________ **Date** ______________

2. Medications (at school AND home):

A. *QUICK-RELIEF Medication Name*	MDI, oral, neb?	Dosage or No, of Puffs	
1. ____________________			
2. ____________________			
B. *ROUTINE Med Name (e.g., anti-inflammatory)*	MDI, oral, neb?	Dosage or No. of Puffs	Time of day
1. ____________________			
2. ____________________			
C. *BEFORE PE, EXERTION Medication Name*	MDI, oral, neb?	Dosage or No. of Puffs	
1. ____________________			
2. ____________________			

3. For student on inhaled medication (all students must go to health office for oral medications):

( ) Assist student with medication in office ( ) Remind student to take medication ( ) May carry own medication, if responsible

4. Circle Known Triggers: tobacco pesticides animals birds dust cleansers car exhaust perfume mold cockroaches cold air cleaners exercise Other: ________________

5. Peak Flow: Write patient's personal best peak flow reading under the 100% box (below); multiply .8 and .5, respectively

100%	**Green Zone**	80%	**Yellow Zone**	50%	**Red Zone**
Peak flow = ______	No Symptoms	Peak flow = ______	Starting to cough, wheeze or feel short of breath. *Action for home or school:* *Give quick-relief med; notify parent.* *Action for Parent/MD: Increase controller dose* ________	Peak flow = ______	Cough, short of breath, trouble walking or talking. *Action for home or school.* *Take quick-relief meds.* *-If student improves to yellow zone, send student to doctor or contact doctor.* *-If student stays in red zone, begin Emergency Plan*

School Emergency Plan: If student has: a) no improvement 15-20 minutes **AFTER** initial treatment with quick-relief medication, b) Peak flow of<50% of usual best, c) trouble walking, or talking, or d) chest/neck muscle retractions with breaths, hunched, or blue color, then: 1) Give quick-relief meds; repeat in 20 minutes, if help has not arrived; 2) Seek emergency care (911); 3) Contact parent.
In yellow or red zone? Students with symptoms who need to use quick-relief meds frequently may need change in routine controller medication. Schools must be sure parent is aware of each occasion when student had symptoms and requires medication.

Physician's* Name (print) ______________________ Signature ______________________ Date __________

Office Address ____ Phone ______________

*Includes nurse practitioner or other health care provider as long as there is authority to prescribe.

A form that permits school and health care provider to exchange information must accompany this form.

Parent/Guardian Signature ______________________ Date ____________ Home Phone ______________

Emergency Phone Number(s) / Names of Contact______________________ / ______________________