

WCASD Asthma Action Plan

Name _____ DOB ____/____/____

Severity Classification Intermittent Mild Persistent Moderate Persistent Severe Persistent

Asthma Triggers (list) _____

Green Zone: Doing Well

Symptoms: Breathing is good - No cough or wheeze - Can work and play - Sleeps well at night

Control Medicine(s):	Medicine	How much to take	When & how often to take	Take at
	_____	_____	_____	___ Home ___ School
	_____	_____	_____	___ Home ___ School

Physical Activity ___ Use albuterol/levalbuterol ___ puffs before activity ___ when child feels a need

Yellow Zone: Caution

Symptoms: Some problems breathing - Cough, wheeze, or chest tight - Problems working or playing - Wake at night

Quick-relief Medicine(s) ___ Albuterol/levalbuterol ___ puffs OR ___ vial for nebulizer every 4 hours as needed
Control Medication(s) ___ Continue Green Zone medicines
___ Add _____ Change to _____

Child should feel better within ___ minutes of the quick-relief treatment; if not notify parent.

Red Zone: Get Help Now!

Symptoms: Lots of problems breathing – Cannot work or play – Getting worse – Medicine is not helping

Take Quick-relief Medicine NOW! Albuterol/levalbuterol ___ puffs, _____ (how frequently)

Call 911 immediately if the following danger signs are present

- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue
- Still in the red zone after 15 minutes

Both the Healthcare Provider and the Parent/Guardian feel that the child has demonstrated the skills to carry and self-administer their quick-relief inhaler, including when to tell an adult if symptoms do not improve after taking the medicine.

Healthcare Provider

Name _____ Date _____ Phone (____) _____ - _____

Print Name _____ Signature _____

Parent/Guardian

I give permission for the medicines listed in the action plan to be administered in school.

Name _____ Date _____ Phone (____) _____ - _____

Signature _____