

Asthma Action Plan in NJ Schools

<https://www.nj.gov/education/safety/health/>

Asthma Action Plan

The Asthma Action Plan is an important tool to support students with asthma and to help them manage their symptoms and control an asthma attack. Districts may choose which Asthma Action Plan works best in their schools:

- American Lung Association Asthma Action Plan
- CDC Asthma Action Plan



My Asthma Action Plan For Home and School

Name: _____ DOB: ____/____/____

Severity Classification: ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent

Asthma Triggers (list): _____

Peak Flow Meter Personal Best: _____

Green Zone: Doing Well

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

Peak Flow Meter _____ (more than 80% of personal best)

Flu Vaccine—Date received: _____ Next flu vaccine due: _____ COVID19 vaccine—Date received: _____

Control Medicine(s) Medicine _____ How much to take _____ When and how often to take it _____ Take at ☐ Home ☐ School
☐ Home ☐ School

Physical Activity ☐ Use Albuterol/Levalbuterol _____ puffs, 15 minutes before activity ☐ with all activity ☐ when you feel you need it

Yellow Zone: Caution

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

Peak Flow Meter _____ to _____ (between 50% and 79% of personal best)

Quick-relief Medicine(s) ☐ Albuterol/Levalbuterol _____ puffs, every 20 minutes for up to 4 hours as needed

Control Medicine(s) ☐ Continue Green Zone medicines

☐ Add _____ ☐ Change to _____

You should feel better within 20–60 minutes of the quick-relief treatment. If you are getting worse or are in the Yellow Zone for more than 24 hours, THEN follow the instructions in the RED ZONE and call the doctor right away!

Red Zone: Get Help Now!

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

Peak Flow Meter _____ (less than 50% of personal best)

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

School Staff: Follow the Yellow and Red Zone instructions for the quick-relief medicines according to asthma symptoms.

The only control medicines to be administered in the school are those listed in the Green Zone with a check mark next to "Take at School".

☐ 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 (____) _____ - _____ Signature _____

Parent/Guardian

☐ I give permission for the medicines listed in the action plan to be administered in school by the nurse or other school staff as appropriate.

☐ I consent to communication between the prescribing health care provider or clinic, the school nurse, the school medical advisor and school-based health clinic providers necessary for asthma management and administration of this medicine.

Name _____ Date _____ Phone (____) _____ - _____ Signature _____

School Nurse

☐ The student 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.

Name _____ Date _____ Phone (____) _____ - _____ Signature _____

Please send a signed copy back to the provider listed above.

1-800-LUNGUSA | Lung.org

ASTHMA ACTION PLAN



Asthma and Allergy
Foundation of America
aafa.org

Name:	Date:
Doctor:	Medical Record #:
Doctor's Phone #: Day	Night/Weekend
Emergency Contact:	
Doctor's Signature:	

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.

Personal Best Peak Flow: _____

GO		Use these daily controller medicines:		
You have <i>all</i> of these: <ul style="list-style-type: none"> Breathing is good No cough or wheeze Sleep through the night Can work & play 	Peak flow: <div> <div>from</div> <div>to</div> </div>	MEDICINE	HOW MUCH	HOW OFTEN/WHEN
		For asthma with exercise, take:		
CAUTION		Continue with green zone medicine and add:		
You have <i>any</i> of these: <ul style="list-style-type: none"> First signs of a cold Exposure to known trigger Cough Mild wheeze Tight chest Coughing at night 	Peak flow: <div> <div>from</div> <div>to</div> </div>	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: <ul style="list-style-type: none"> Medicine is not helping Breathing is hard & fast Nose opens wide Trouble speaking Ribs show (in children) 	Peak flow: <div> <div>reading below</div> <div></div> </div>	MEDICINE	HOW MUCH	HOW OFTEN/WHEN

GET HELP FROM A DOCTOR NOW! Your doctor will want to see you right away. It's important!

If you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT.

Make an appointment with your asthma care provider within two days of an ER visit or hospitalization.

Asthma Action Plan

Name: _____ Date: ____ / ____ / ____

Doctor's Name: _____ Main Emergency Contact: _____

Doctor's Phone Number: _____ Backup Emergency Contact: _____

**Green Zone: No coughing, wheezing, chest tightness, or shortness of breath.
Can do usual activities.**

**Doing
Well**

Every day: Take these medicines, even if you're not having any symptoms.
Avoid triggers that you know make your asthma worse.

Medicine	How much to take	When to take

Before you exercise: Take [] 2 or [] 4 Puffs of _____ 5 minutes before you start, as needed.

**Yellow Zone: One or more of these symptoms: coughing, wheezing, chest tightness,
breathing trouble, waking up at night due to asthma.
Or, if you can only do some, but not all, usual activities.**

**Some
Symptoms**

Keep taking your Green Zone medicine and avoiding triggers as usual **AND** take this medicine:

Medicine	How much to take and how often		
(Quick-relief)	_____ Puffs Can repeat every ____ minutes, Up to ____ times	OR	[] Nebulizer: Use it once

If you return to the Green Zone after 1 hour, keep monitoring to be sure you stay in the Green Zone.

If you do **not** return to the Green Zone after 1 hour take this medicine:

Medicine	How much to take and how often		
(Quick-relief)	_____ Puffs	OR	[] Nebulizer: Use it once
AND: (Oral Steroid)	Take _____ mg each day for ____ (3 to 10) days		

Call your doctor (or have someone call) just before you take the oral steroid **OR** _____ minutes/hours
after taking the oral steroid, based on the instructions your doctor gave when the medicine was
prescribed.

Asthma Action Plan

Name: _____ Date: ____/____/____

Doctor's Name: _____ Main Emergency Contact: _____

Doctor's Phone Number: _____ Backup Emergency Contact: _____

Red Zone: EMERGENCY! Very short of breath, or quick-relief medicines have not helped, or symptoms are the same or worse after 24 hours in the Yellow Zone. Or, if you cannot do any of your usual activities.

**Severe
Symptoms
Emergency**

Take this medicine	How much to take		
(Quick-relief)	_____ Puffs Can repeat every ____ minutes, up to ____ times	OR	[<input type="checkbox"/>] Nebulizer: Can repeat every ____ minutes, up to ____ times
(Oral steroid)	Take _____ mg.		

After you take your medicine, call your doctor right away!

If you're still in the Red Zone after 15 minutes and have not reached your doctor, go to the hospital or call 911!

If you have these DANGER SIGNS: trouble walking or talking due to shortness of breath or your lips or fingernails are blue, pale, or gray, take _____ puffs of your quick-relief medicine and **GO to the hospital or call 911 NOW!**

These DANGER SIGNS mean you need help right away. Don't wait to hear back from your doctor.

GO to the hospital or call 911 NOW!

If you use a peak flow meter you can use these scores to determine your current zone:

Your best score	Your green zone	Your yellow zone	Your red zone
_____	_____ or higher (80% of best score)	_____ to _____ (50 to 80% of best score)	_____ or lower (50% of best score)