

Asthma Action Plan

Student: _____ Grade: _____ DOB: _____ ID#: _____

Severity of reaction(s): _____

Mother: _____ Home #: _____ Work #: _____ Cell #: _____

Father: _____ Home #: _____ Work #: _____ Cell #: _____

Emergency Contact: _____ Home #: _____ Work #: _____ Cell #: _____

I agree with the recommendations and give consent to follow the plan of action as directed below by my child's physician.

Parent/Guardian Signature: _____

Date: _____

BELOW TO BE COMPLETED BY PHYSICIAN ONLY

PROVIDERS: Nebulizer treatments should be reserved for students who cannot use an inhaler (with or without a spacer) on their own or with help from school staff. Spacers are ALWAYS recommended for use in the school setting for all ages.

GREEN ZONE	PREVENTATIVE PLAN	The student is breathing well with no cough, wheeze, or shortness of breath day or night. Working and playing normally. Avoid triggers and take medications as prescribed by your provider. Use controller medicines daily at home. Pretreatment for Activity (e.g. PE/Recess) Administer _____ Albuterol/Levalbuterol _____ puffs, 15-30 minutes before activity As Needed, OR _____ Albuterol/Levalbuterol _____ puffs, 15-30 minutes before activity Daily _____ Other: _____
YELLOW ZONE	RESCUE PLAN	<u>IF YOU SEE THIS:</u> Cough, wheezing, shortness of breath, chest tightness, breathing fast or heavy, coughing at night, or exercise limitation. Contact with an asthma trigger. Continue controller medicines daily at home. SLOW DOWN. <u>DO THIS:</u> Administer _____ Albuterol/Levalbuterol _____ puffs four times daily or every _____ hours as needed. _____ Albuterol or Levalbuterol by nebulizer 1 unit dose vial every _____ hours as needed. _____ Other _____ Notify parents if symptoms have not improved after 15 minutes & begin the Red Zone Plan.
RED ZONE	EMERGENCY PLAN	<u>IF YOU SEE THIS:</u> Very short of breath with difficulty walking or talking. Hunched over while breathing. Cough or wheeze is constant. Neck or stomach muscles are used to breathe. Ribs showing or nose opening flaring. Reliever medications are not helping. <u>DO THIS:</u> Administer _____ A second dose of reliever medication in 20 minutes _____ A second dose of reliever medication in _____ minutes. AND ALWAYS notify parent/guardian. Student may need to go home. If student is experiencing any of the following: •Trouble walking/talking due to shortness of breath • Lips or fingernails are blue • Still in the red zone after 15 minutes • Call 911 IMMEDIATELY!
ATTENTION PHYSICIAN (Please check one)		☐ I have instructed this student the proper way to use his/her medications. It is my professional opinion that he/she should be allowed to carry and self-administer the above medications while on school property or at school-related events. ☐ It is my professional opinion that this student should NOT be allowed to carry and/or self-administer any of his/her asthma medications while on school property or at school related events.

Medical Provider Name: _____ Signature _____ Date _____