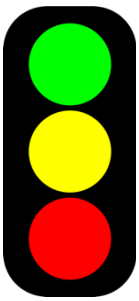
Farmington Municipal Schools Health Services
Asthma Action Plan

Student Name:	DOB:
Physician Name:	Physician Phone:
Patient Goal:	Best Peak Flow: Severity Level:
***Important!* Triggers to avoid:** ☐ Cold ☐ Exercise ☐ Animals ☐ Smoke ☐ Dust ☐ Food ☐ Weather ☐ Air Pollution ☐ Other:	
☐ Administer medication/inhaler with adult supervision ☐ Self-administer medication/inhaler ☐ Self-carry inhaler	

PARENTS: Copies should go to your child's daycare, school and maintain a copy for your home.

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



Green means **Go Zone!**
Use preventative medicine.

Yellow means **Caution Zone!**
Add quick-relief medicine.

Red means **Danger Zone!**
Get help from a doctor.

GO (green)

You have all of these:
- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work and play

Use these daily preventative & anti-inflammatory medicines:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

CAUTION (yellow)

You have any of these:
- First signs of a cold
- Exposure to known trigger
- Cough
- Mild Wheeze
- Tight chest
- Coughing at night

Continue with green zone medicine and add:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

DANGER (red)

Your asthma is getting worse fast:
- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Can't talk well

Take these medicines and call your provider now:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

Get help from a provider now! Do not be afraid of causing a fuss. You can dial 911 for emergent assistance. It's important! If you cannot contact your provider, go directly to the emergency room. DO NOT WAIT.
Make an appointment with your provider within two days of an ER visit.

PCP Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

Revised: 02/2022