Pemberton Township Parents and Healthcare Providers:

Please note that we are now using the American Lung Associations Asthma Plan for our district's asthma plan. The plan is US based and not specific to NJ, so it is missing 2 key features that the state of NJ requires you to be aware of/to be on the form.

- The Healthcare Provider's Office Stamp needs to be on the form. Upper right top corner would be ideal, but anywhere on the form is acceptable as long as it is legible.
- Orders are effective for one (1) school year *Only* and must be renewed *Annually* at the beginning of each school year.

If the form is missing the provider's stamp it will be returned to you and can be resubmitted once it is received. Thank you for your understanding as we transition to using this new form.

Pemberton Township District Nurses

American Lung Association.

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.

MDI, DPI vs. Neb Inhalation Technique

Proper inhalation technique is important when using these medications.

Scan the QR Code to Access How-To Videos

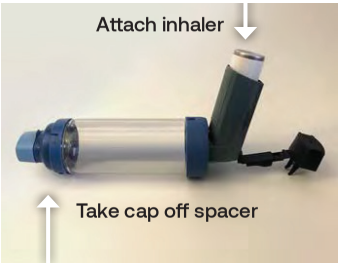
Resources for Asthma

- **Asthma Care Quick Reference**
  https://www.nhlbi.nih.gov/files/docs/guidelines/asthma_qrg.pdf
- **American Lung Association**
  www.lung.org/asthma

How to use your inhaler and spacer

1. Take the cap off the inhaler

2. Shake the inhaler for 5 seconds



3. Attach to spacer and take cap off spacer

4. Breathe **OUT** all the way

5. Close lips around mouthpiece

6. Press down here

7. Breathe in **SLOWLY, DEEPLY**

8. Hold your breath for 10 seconds if you can. Then breathe out slowly.

If you need another puff of medicine, wait 1 minute then repeat steps 5-9.

9. Rinse with water and **SPIT OUT**

For more asthma videos, handouts, tutorials and resources, visit **Lung.org/asthma.**

You can also connect with a respiratory therapist for one-on-one, free support the American Lung Association's Lung HelpLine at **1-800-LUNGUSA.**

American Lung Association.

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