

VIRGINIA PEDIATRIC ASTHMA ACTION PLAN

Child Name: _____ DOB: _____ School Year: _____ Healthcare Provider: _____ Provider Contact Number: _____	EMERGENCY CONTACT Name: _____ Phone: _____ Relationship: _____ Additional info: _____
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GREEN ZONE: GO!

- No trouble breathing
- No cough or wheeze
- Sleeps well
- Can play as usual

Maintenance/Controller ☐ None ☐ Daily

A.M. Puffs ☐ puffs P.M. Puffs ☐ puffs

☐ Montelukast/Singulair ☐ Mg once daily

Use controller daily, even when I feel fine. *Spacer recommended with HFA inhalers.*

For Asthma with exercise add: ☐ puffs, or ☐ puffs

15 minutes prior to exercise: ☐ routinely ☐ only if needed

Add: quick-relief medicine — to your GREEN ZONE medicines.

YELLOW ZONE: Caution!

- Cough
- Wheeze
- Chest tightness
- Shortness Of breath

If your quick reliever medicine is: ☐ budesonide/formoterol ☐ mometasone/formoterol

Take: 1 puff every 10 minutes if needed X 3 until symptoms resolve and return to green zone.

If symptoms continue add: ☐ 1 puff as needed up to max of 8 puffs/day for ages 4-11

☐ 1 puff as needed up to max 12 puffs/day for ages 12+

☐ Call your Provider if you need continued maximum quick relief or medicine is not working.

If your quick reliever medicine is: **albuterol**

Take: ☐ puffs or 1 nebulizer tx. Can repeat every 15 minutes up to maximum of 3 doses in 1 hour.

If symptoms resolve, return to GREEN ZONE and continue monitoring.

If symptoms continue after 1 hour then continue controller and

Add: ☐ puffs every 4-6 hours as needed until symptoms resolve

☐ Continue every 4-6 hours for ☐ days

"SMART" stands for single maintenance and reliever therapy

RED ZONE: DANGER!

- Can't talk, eat, walk well
- Medicine is not helping
- Breathing hard and fast
- Blue lips and fingernails
- Tired or lethargic
- Nonstop cough
- Ribs show

If you have any of these danger signs:

Dial 911 now/ GO TO THE EMERGENCY DEPARTMENT!

- Take 1 puff of budesonide/formoterol or mometasone/formoterol. Wait 1-3 minutes. If there is no improvement, take additional puff(s) up to a maximum of 6 puffs in route to emergency department.
- If only albuterol is available, take ☐ puffs or nebulizer as often as needed until help arrives or in route to emergency department.

I approve and give permission for school personnel to follow this asthma management plan of care for my child, contact my child's healthcare provider when needed, and administer medication per the healthcare providers orders. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. With HCP authorization & parental consent, the inhaler will be located: ☐ in clinic or ☐ with student (self-carry)

PARENT/Guardian Signature: _____ Date: _____

School Nurse/Staff Signature: _____ Date: _____

SCHOOL MEDICATION CONSENT & HEALTH CARE PROVIDER ORDER

☐ Student has demonstrated the ability to safely and effectively self-carry and self-administer inhaled asthma medication

☐ Student needs assistance & should not self-carry.

MD/DO/NP/PA signature _____ Date: _____

SEIZURE ACTION PLAN (SAP)



Name: _____ Birth Date: _____

Address: _____ Phone: _____

Emergency Contact/Relationship: _____ Phone: _____

Seizure Information

Seizure Type	How Long It Lasts	How Often	What Happens

How to respond to a seizure (check all that apply)

- ☐ First aid - **Stay. Safe. Side.**
- ☐ Give rescue therapy according to SAP
- ☐ Notify emergency contact
- ☐ Notify emergency contact at _____
- ☐ Call 911 for transport to _____
- ☐ Other _____

First Aid for any seizure

- ☐ **STAY** calm, keep calm, begin timing seizure
- ☐ Keep me **SAFE** - remove harmful objects, don't restrain, protect head
- ☐ **SIDE** - turn on side if not awake, keep airway clear, don't put objects in mouth
- ☐ **STAY** until recovered from seizure
- ☐ Swipe magnet for VNS
- ☐ Write down what happens _____
- ☐ Other _____

When to call 911

- ☐ Seizure with loss of consciousness longer than 5 minutes, not responding to rescue med if available
- ☐ Repeated seizures longer than 10 minutes, no recovery between them, not responding to rescue med if available
- ☐ Difficulty breathing after seizure
- ☐ Serious injury occurs or suspected, seizure in water

When to call your provider first

- ☐ Change in seizure type, number or pattern
- ☐ Person does not return to usual behavior (i.e., confused for a long period)
- ☐ First time seizure that stops on its' own
- ☐ Other medical problems or pregnancy need to be checked

When **rescue therapy** may be needed:

When and What to do

If seizure (cluster, # or length) _____

Name of Med/Rx _____ How much to give (dose) _____

How to give _____

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How to give _____