



Asthma Action Plan

General Information:

DOB ___ / ___ / ___

Name _____
 Emergency contact _____ Phone numbers _____
 Physician/Health Care Provider _____ Phone numbers _____
 Physician Signature _____ Date _____

Severity Classification	Triggers	Exercise
<input type="checkbox"/> Mild Intermittent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Severe Persistent	<input type="checkbox"/> Colds <input type="checkbox"/> Smoke <input type="checkbox"/> Weather <input type="checkbox"/> Exercise <input type="checkbox"/> Dust <input type="checkbox"/> Air pollution <input type="checkbox"/> Animals <input type="checkbox"/> Food <input type="checkbox"/> Other	1. Pre-medication (how much and when) _____ 2. Exercise modifications _____

Green Zone: Doing Well

Peak Flow Meter Personal Best = _____

Symptoms

- Breathing is good
- No cough or wheeze
- Can work and play
- Sleeps all night

Peak Flow Meter

More than 80% of personal best or _____

Control Medications

Medicine	How Much to Take	When To Take It
_____	_____	_____
_____	_____	_____

* Both the Healthcare Provider and the Parent/Guardian see 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.

Yellow Zone: Getting Worse

Contact Physician if using quick relief more than 2 times per week.

Symptoms

- Some problems breathing
- Cough, wheeze or chest tight
- Problems working or playing
- Wake at night

Peak Flow Meter

Between 50 to 80% of personal best or _____ to _____

Continue control medicines and add:

Medicine	How Much to Take	When To Take it
_____	_____	_____
_____	_____	_____

IF your symptoms (and peak flow, if used) return to Green Zone after one hour of the quick relief treatment, THEN

- Take quick-relief medication every 4 hours for 1 to 2 days
- Change your long-term control medicines by _____
- Contact your physician for follow-up care

IF your symptoms (and peak flow, if used) DO NOT return to the GREEN ZONE after 1 hour of the quick relief treatment, THEN

- Take quick-relief treatment again
- Change your long-term control medicines by _____
- Call your physician/Health Care Provider within _____ hours of modifying your medication routine

Red Zone: Medical Alert

Ambulance/Emergency Phone Number: _____

Symptoms

- Lots of problems breathing
- Cannot work or play
- Getting worse instead of better

Peak Flow Meter

Between 0 to 50% of personal best or _____ to _____

Continue control medicines and add:

Medicine	How Much to Take	When To Take It
_____	_____	_____

Go to the hospital or call for an ambulance if

- Still in the red zone after 15 minutes
- If you have not been able to reach your physician/health care provider for help
- _____

Call an ambulance immediately if the following danger signs are present

- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue

Colonial School District
Self-Administration of Asthma Inhaler
Student Agreement

Name: _____

Grade: _____

Inhaled Medication: _____

Date: _____

I agree to:

- Follow my prescribing health professional's medication order.
- Use correct medication administration technique.
- Not allow anyone else to use my medication under any circumstances.
- Keep the medication with me in school and on field trips.
- Inform the school nurse of the time and reason for taking the inhaler.
- Notify (or have someone else notify) the school nurse immediately if the following occurs:
 - My symptoms continue to get worse after taking the medication.
 - My symptoms reoccur within 2-3 hours after taking the medication.
 - I think I might be experiencing side effects from my medication.
 - Other _____
- I understand that permission for self-administration of medication may be discontinued if am unable to follow the safeguards established above.

Signature of Student

Date

Signature of Parent/Guardian/Relative Caregiver

Date

- Student verbalizes dose _____
- Student demonstrates proper technique
 - Removes cap and shake if applicable
 - Attaches spacer if applicable
 - Breathes out slowly
 - Presses down inhaler to release medication
 - Breathes in slowly
 - Holds breath for 10 seconds
 - Repeats as directed
- Student verbalizes safe use
- Student verbalizes symptoms/signs of when medication is needed & when to notify school nurse
- Parent permission to self-administer

The student has demonstrated knowledge about the proper use of his/her medication and necessary permissions (parent and licensed healthcare provider) are on file.

Signature of School Nurse

Date