

# ASTHMA ACTION PLAN

**PART I TO BE COMPLETED BY PARENT/GUARDIAN:**

Student: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_

1.) Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

2.) Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**What triggers your child's asthma attack: (Check  all that apply)**

<input type="checkbox"/> Illness	<input type="checkbox"/> Cigarette or other smoke	<input type="checkbox"/> Food	<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	<input type="checkbox"/> Dust	<input type="checkbox"/> Mold	<input type="checkbox"/> Pollen
<input type="checkbox"/> Emotions	<input type="checkbox"/> Exercise	<input type="checkbox"/> Allergies					
<input type="checkbox"/> Weather	<input type="checkbox"/> Chemical odors	<input type="checkbox"/> Other					

**Describe the symptoms your child experiences before or during an asthma episode: (Check  all that apply)**

<input type="checkbox"/> Cough	<input type="checkbox"/> "Tightness" in chest	<input type="checkbox"/> Rubbing chin/neck
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Breathing hard/fast	<input type="checkbox"/> Feeling tired/weak
<input type="checkbox"/> Wheezing	<input type="checkbox"/> Runny nose	<input type="checkbox"/> Other

**PART II TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER:**

The child's asthma is:  Mild Persistent  Moderate Persistent  Severe Persistent  EXERCISE-INDUCED

Symptoms	Peak Flow	Treatment	<i>(For medication administered during school sanctioned activities, Complete appropriate Inhaler / Medication Authorization Form)</i>	
<ul style="list-style-type: none"> <li>• No cough or wheeze</li> <li>• Able to sleep through the night</li> <li>• Able to run and play</li> <li>• Usual medications control asthma</li> </ul>	<p><b>GREEN ZONE WELL</b></p> <p>&gt;</p>	<p><b>Controller</b></p> <input type="checkbox"/> Advair <input type="checkbox"/> Flovent (with spacer) <input type="checkbox"/> Pulmicort <input type="checkbox"/> Singulair <input type="checkbox"/> Serevent <input type="checkbox"/> Other	<p><b>How Much</b></p>	<p><b>When</b></p>
		<p><b>Relievers</b></p> <input type="checkbox"/> Albuterol (with spacer/nebulizer) <input type="checkbox"/> Other	<input type="checkbox"/> 2 puffs 1 min apart prn	<input type="checkbox"/> 20 min before exercise
<ul style="list-style-type: none"> <li>• Increased asthma symptoms (shortness of breath, cough, chest pain)</li> <li>• Wakes at night due to asthma</li> <li>• Unable to do usual activities</li> <li>• Needs reliever medications more often</li> </ul>	<p><b>YELLOW ZONE SICK</b></p> <p>to</p>	<ol style="list-style-type: none"> <li>1. Continue daily controller medications</li> <li>2. Give Albuterol 2-4 puffs (one minute between puffs) with spacer or 1 nebulizer treatment, wait 20 min.               <ul style="list-style-type: none"> <li><input type="checkbox"/> If no improvement, repeat 2 – 4 puffs. Wait 20 minutes</li> <li><input type="checkbox"/> If no improvement, repeat 2 – 4 puffs. This will be 3 doses in one hour, proceed to 3</li> </ul> </li> <li>3. If child returns to Green Zone:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Continue to give Albuterol 2 puffs every 4 hours for 1 to 2 more days</li> <li><input type="checkbox"/> Increase controller to _____ for next 7 days</li> </ul> </li> <li>4. <input type="checkbox"/> No physical exercise <input type="checkbox"/> Physical exercise as tolerated</li> </ol> <p><b>If child remains in Yellow Zone for more that 1 – 2 days or requires Albuterol more than every 4 hours, call your doctor NOW!</b></p>		
<ul style="list-style-type: none"> <li>• Very short of breath, difficulty breathing</li> <li>• Constant cough</li> <li>• Reliever medications do not help</li> </ul>	<p><b>RED ZONE EMERGENCY</b></p> <p>&lt;</p>	<p><b>Give Albuterol (2 puffs with spacer) NOW, and repeat every 20 minutes for 2 more doses OR give 1 dose nebulizer Albuterol – Call your doctor</b></p> <p><b>Seek emergency care or call 911 if:</b></p> <input type="checkbox"/> Child is struggling to breathe and there is not improvement 20 minutes after taking Albuterol <input type="checkbox"/> Trouble talking or walking <input type="checkbox"/> Lips or fingernails are gray or blue <input type="checkbox"/> Chest or neck is pulling in with breathing		

For inhaled medications:

Student is able to perform procedure alone and may carry the inhaler with them, consult school office for local protocol

Student is able to perform procedure with supervision  
 Student requires a staff member to perform procedure

Notify health care provider if:

More than 2 absences related to asthma per month  
 Albuterol is being used as a rescue medication 2 times per week at school

The child is persistently in the Yellow Zone

\_\_\_\_\_  
**Licensed Health Care Provider's Signature**      **Date**      **Phone**       Current School Year

I approve this Asthma Action Plan for my child. I give my permission for school personnel to follow this plan, release the information contained in this management plan to all adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety and contact my physician if necessary. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices.

\_\_\_\_\_  
**Parent's/Guardian's Signature**      **Date**

IF YOU SEE THIS:	DO THIS:
<b>Complains of chest tightness</b> <b>Coughing</b> <b>Difficulty breathing</b> <b>Wheezing</b>	<ol style="list-style-type: none"> <li><b>1. Stop activity</b></li> <li><b>2. Give one puff of rescue inhaler</b></li> <li><b>3. Wait at least 1 minute</b></li> <li><b>4. Give second puff of rescue inhaler</b></li> <li><b>5. Allow student to rest</b></li> <li><b>6. If no improvement in 15 minutes, Repeat Steps 2 – 4</b></li> <li><b>7. If symptoms worsen call 911 and Parents/Guardians/Emergency Contact</b></li> </ol>
IF YOU SEE THIS:	DO THIS IMMEDIATELY:
<b>Coughing constantly</b> <b>Struggles or gasps for breath</b> <b>Chest and neck pull in with breathing</b> <b>Contact</b> <b>Stooped over posture</b> <b>Trouble walking or talking</b> <b>Lips or fingernails are gray or blue</b>	<ol style="list-style-type: none"> <li><b>1. Call 911</b></li> <li><b>2. Give rescue medication</b></li> <li><b>3. Call Parents/Guardians/Emergency</b></li> </ol>