




# Asthma Action Plan

<b>Name:</b> _____ <b>DOB:</b> _____ <b>Doctor:</b> _____ <b>Date:</b> _____ <b>Phone number Doctor or Clinic:</b> _____	<p style="text-align: center;"><u><b>Asthma Triggers</b></u></p> <p><i>Try to stay away from or control these things:</i></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Exercise</td> <td><input type="checkbox"/> Colds/Viruses</td> </tr> <tr> <td><input type="checkbox"/> Mold</td> <td><input type="checkbox"/> Carpet</td> </tr> <tr> <td><input type="checkbox"/> Chalk dust</td> <td><input type="checkbox"/> Dust</td> </tr> <tr> <td><input type="checkbox"/> Pollen</td> <td><input type="checkbox"/> Changes in temperature</td> </tr> <tr> <td><input type="checkbox"/> Animals</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Smoke</td> <td></td> </tr> </table>	<input type="checkbox"/> Exercise	<input type="checkbox"/> Colds/Viruses	<input type="checkbox"/> Mold	<input type="checkbox"/> Carpet	<input type="checkbox"/> Chalk dust	<input type="checkbox"/> Dust	<input type="checkbox"/> Pollen	<input type="checkbox"/> Changes in temperature	<input type="checkbox"/> Animals	<input type="checkbox"/> Other _____	<input type="checkbox"/> Smoke	
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<h2 style="margin: 0;">1. Green - Go</h2> <p>You have <b>all</b> of these:</p> <ul style="list-style-type: none"> <li>Breathing is good</li> <li>No cough or wheeze</li> <li>Sleep through night</li> <li>Can work and play</li> </ul> 	<p style="text-align: center;"><i>Use these controller medicines every day to keep you in the green zone:</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><u>Medicine:</u></td> <td style="width: 30%;"><u>How much to take:</u></td> <td style="width: 30%;"><u>When to take it:</u></td> <td style="width: 10%;"></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Home</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> School</td> </tr> <tr> <td colspan="4" style="padding-top: 10px;">           5-15 minutes before very active exercise, use <input type="checkbox"/> Albuterol _____ puffs            **Inhalers work better with spacers. Always used when prescribed.         </td> </tr> </table>	<u>Medicine:</u>	<u>How much to take:</u>	<u>When to take it:</u>		_____	_____	_____	<input type="checkbox"/> Home	_____	_____	_____	<input type="checkbox"/> School	5-15 minutes before very active exercise, use <input type="checkbox"/> Albuterol _____ puffs **Inhalers work better with spacers. Always used when prescribed.			
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<h2 style="margin: 0;">2. Yellow - Caution Slow Down!</h2> <p>You have <b>any</b> of these:</p> <ul style="list-style-type: none"> <li>First signs of a cold</li> <li>Exposure to known trigger</li> <li>Cough</li> <li>Wheeze</li> <li>Tight chest</li> <li>Coughing at night</li> </ul> 	<p style="text-align: center;"><i>Continue with Green Zone Medicine and Add:</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><u>Rescue Medicine</u></td> <td style="width: 30%;"><u>How much to take</u></td> <td style="width: 30%;"><u>When to take it</u></td> <td style="width: 10%;"></td> </tr> <tr> <td>_____</td> <td> <input type="checkbox"/> 2 puffs by inhaler  <input type="checkbox"/> 4 puffs by inhaler  <input type="checkbox"/> with spacer, if available  <input type="checkbox"/> by nebulizer, if available         </td> <td> <input type="checkbox"/> May repeat every            20 min up to 3 doses         </td> <td></td> </tr> <tr> <td colspan="4" style="padding-top: 10px;">           If symptoms <b>DO NOT</b> improve after first hour of treatment, then go to <b>red zone</b>.            If you are <b>BETTER</b>, continue treatments every 4 to 6 hours as needed for 24 to 48 hours.            If you still have symptoms after 24 hours, <b>CALL YOUR DOCTOR</b>.             If rescue medication is needed more than 2 times a week, call your doctor.         </td> </tr> </table>	<u>Rescue Medicine</u>	<u>How much to take</u>	<u>When to take it</u>		_____	<input type="checkbox"/> 2 puffs by inhaler <input type="checkbox"/> 4 puffs by inhaler <input type="checkbox"/> with spacer, if available <input type="checkbox"/> by nebulizer, if available	<input type="checkbox"/> May repeat every 20 min up to 3 doses		If symptoms <b>DO NOT</b> improve after first hour of treatment, then go to <b>red zone</b> . If you are <b>BETTER</b> , continue treatments every 4 to 6 hours as needed for 24 to 48 hours. If you still have symptoms after 24 hours, <b>CALL YOUR DOCTOR</b> .  If rescue medication is needed more than 2 times a week, call your doctor.			
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<h2 style="margin: 0;">3. Red – Get HELP!</h2> <p>Your asthma is <b>getting worse</b> fast:</p> <ul style="list-style-type: none"> <li>Medicine is not helping.</li> <li>Breathing is hard and fast.</li> <li>Nose opens wide.</li> <li>Ribs show.</li> <li>Can't talk well.</li> </ul> 	<p style="text-align: center;"><i>Call your doctor and/or parent/guardian NOW!</i></p> <p style="text-align: center;"><i>Take these medicines until you talk with a doctor or parent/guardian:</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><u>Rescue Medicine</u></td> <td style="width: 50%;"><u>Directions</u></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="2" style="padding-top: 10px;">           If you are <b>GETTING WORSE</b> or <b>NOT IMPROVING</b>, go to the hospital or call 9-1-1            If you are <b>BETTER</b>, continue treatments every 4 to 6 hours and call your doctor – say you are having an asthma attack and need to be seen TODAY   <b>Call 911 for severe symptoms, if symptoms don't improve, or you can't reach your doctor and/or parent/guardian.</b> </td> </tr> </table>	<u>Rescue Medicine</u>	<u>Directions</u>	_____	_____	If you are <b>GETTING WORSE</b> or <b>NOT IMPROVING</b> , go to the hospital or call 9-1-1 If you are <b>BETTER</b> , continue treatments every 4 to 6 hours and call your doctor – say you are having an asthma attack and need to be seen TODAY  <b>Call 911 for severe symptoms, if symptoms don't improve, or you can't reach your doctor and/or parent/guardian.</b>	
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**Self-Administration:**  This student **is** capable to safely and properly self-administer this medication **OR**  This student **is not** approved to self-administer this medication per physician.

**Physician Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Consent: REQUIRED**

I authorize this medication to be administered by school personnel **OR**  I authorize the student to possess and self-administer medication.

I also authorize communication between the prescribing health care provider, the school nurse, and school-based clinic providers necessary for asthma management and administration of this medication.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* Bring asthma meds and spacer to school.