Asthma Action Plan

AMERICAN LUNG ASSOCIATION

General Information:

■ Name _____

■ Emergency contact _____ Phone numbers _____

■ Physician/healthcare provider _____ Phone numbers _____

■ Physician signature _____ Date _____

■ Parent signature _____ Date _____

Severity Classification	Triggers	Exercise
❍ Intermittent ❍ Moderate Persistent ❍ Mild Persistent ❍ Severe Persistent	❍ Colds ❍ Smoke ❍ Weather ❍ Exercise ❍ Dust ❍ Air Pollution ❍ Animals ❍ Food ❍ Other _____	1. Premedication (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 well at night

Peak Flow Meter

More than 80% of personal best or _____

Control Medications:

Medicine	How Much to Take	When to Take It

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% and 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 medicine by _____
- ❍ Contact your physician for follow-up care.

IF your symptoms (and peak flow, if used) DO NOT return to Green Zone after one hour of the quick-relief treatment, THEN

- ❍ Take quick-relief treatment again.
- ❍ Change your long-term control medicine by _____
- ❍ Call your physician/Healthcare provider within _____ hour(s) 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
- ■ Medicine is not helping

Peak Flow Meter

Less than 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.
- ❍ You have not been able to reach your physician/healthcare 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.

SEE BACK OF PAGE FOR SELF-

(Self Carry and Self Administer apply only for EpiPen & Quick-relief Inhaler).

DAILY ☐ AS NEEDED ☐ SELF CARRY ☐ SELF ADMINISTER ☐

FOR SELF CARRY/ADMINISTER ONLY
I certify that _____ is permitted to self administer the medication above. He/she understands the use for the medication and the necessity to report to school staff any unusual side effects. He/she is able to self carry and self administer the above independently. I indemnify and hold harmless the School District and its employees and agents, against any claims, except a claim based on willful and wanton conduct, arising out of self carry by the student.

FOR SELF CARRY ONLY
I certify that _____ is permitted to self carry, but not self administer, the medication above. I indemnify and hold harmless the School District and its employees and agents, against any claims, except a claim based on willful and wanton conduct, arising out of the student's self carry of the medication.

****ALL MEDICATIONS, BOTH OVER THE COUNTER OR PRESCRIPTION, NEED A PARENT AND A PHYSICIAN SIGNATURE.** All medications are required to be delivered by a parent/guardian, with the prescription label. All medications will be discarded 2 weeks after the last school day if not picked up. A new completed Medication Authorization Form is required at the beginning of every school year or when there is a change in the student's medical needs as indicated on this form.**