

Asthma Medical Management Plan

Student Name _____ ID # _____ DOB _____ Grade/School year _____

Parent/Guardian _____ Home phone _____ Work phone _____ Cell phone _____

Activities student participates in at school: _____

Asthma symptoms are triggered by: Smoke animals/pets Dust / dust mites Chalk / chalk dust Having a cold / respiratory illness
 Strong smells / perfume Grass / flowers Cockroaches Mold Stress or emotional upset Exercise, sports, or playing hard
 Changes in weather / very cold or hot air Foods _____ Other _____

Usual Asthma Symptoms: Cough difficulty breathing Chest tightness Wheeze Anxiety Other _____
 Medication taken at home

Medication	Dose	Frequency

If a student has any of the following symptoms: chest tightness, difficulty breathing, wheezing, excessive coughing, shortness of breath

1. Stop activity and help student to a sitting position
2. Stay calm, reassure student
3. Assist student with the use of their inhaler
4. **Escort student to or call the school nurse for immediate assistance. Never send the student to the nurse's office alone.**

INHALER IS KEPT _____

Call 9-1-1 for ANY of these:

- If breathing does not improve after medication is given
- Student is having trouble walking or talking
- Student is struggling to breathe
- Student's chest and/or neck is pulling in while breathing
- Student's lips are blue, and/or
- Student must hunch over to breathe

Asthma Medication Orders for School

Student can self-carry inhaler? Yes No

Medication	Dose	Frequency

GREEN ZONE

ASTHMA SYMPTOMS/DIRECTIONS

- No cough, wheeze or shortness of breath
- Able to do all normal activities including exercise and play
- **If exercised-induced asthma give medication as ordered**

Peak Flow _____
 80 to 100% of personal best

YELLOW ZONE

ASTHMA SYMPTOMS/DIRECTIONS

- Coughing, wheezing, shortness of breath or chest tightness
- **Take inhaler/nebulizer as ordered.**
- May use Quick Reliever (two-four puffs) every 20 minutes for up to one hour

Peak Flow _____
 50 to 80% of personal best

RED ZONE

ASTHMA SYMPTOMS/DIRECTIONS

- Medication not working
- Getting worse not better
- Increase respiratory effort such as nasal flaring/retractions
- **Take Inhaler / Nebulizer now!**
- Call 9-1-1 and parent/guardian
- Follow EMS directions

Peak Flow _____
 Less than 50% of personal best

I request designated staff to administer the medication as prescribed by the licensed provider above. I certify that I have legal authority to consent to the administration of medication at school. I authorize the school nurse to communicate with the licensed prescriber regarding the administration of this medication.

Parent/Guardian Signature _____ Date _____

School Nurse Signature _____ Date _____

***Provider Signature** _____ Phone _____