

# Asthma Action Plan

Student Name \_\_\_\_\_ ID # \_\_\_\_\_ DOB \_\_\_\_\_ Grade/School year \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Provider Name \_\_\_\_\_ 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 \_\_\_\_\_

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

Student can self carry medication?  Yes  No

Student can self-administer medication?  Yes  No

### Medication taken at home

Medication name?	How much?	When is it taken?

### Medications orders for school\*

Medication name?	How much?	When should it be taken?

**GREEN ZONE**

\*Peak Flow \_\_\_\_\_  
 80 to 100% of personal best

**ASTHMA SYMPTOMS**

- 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.**

**YELLOW ZONE**

\*Peak Flow \_\_\_\_\_  
 50 to 80% of personal best

**ASTHMA SYMPTOMS**

- Coughing, wheezing, shortness of breath or chest tightness
- Can do some but not all of usual activities / playing
- **Take inhaler/nebulizer as ordered.**

**RED ZONE**

\*Peak Flow \_\_\_\_\_  
 Less than 50% of personal best

**ASTHMA SYMPTOMS**

- Medication unavailable or not working
- Getting worse not better
- Breathing hard and fast
- Chest / neck pulling in
- Difficulty walking or talking
- Lips or fingernails blue
- Hunched over to breathe
- **Take Inhaler / Nebulizer now!**
- Call 9-1-1 & continue to give inhaler/nebulizer as directed by EMS
- Contact parent/guardian

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

School Nurse Signature \_\_\_\_\_

Date \_\_\_\_\_

Place  
Student  
Picture  
Here