

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