Asthma Action Plan

AMERICAN LUNG ASSOCIATION.

General Information:

Name _____

Emergency contact _____ Phone numbers _____

Physician/healthcare provider _____ Phone numbers _____

Physician signature _____ Date _____

Severity Classification

- ○ Intermittent
- ○ Mild Persistent
- ○ Moderate Persistent
- ○ Severe Persistent

Triggers

- ○ Colds
- ○ Smoke
- ○ Weather
- ○ Exercise
- ○ Dust
- ○ Air Pollution
- ○ Animals
- ○ Food
- ○ Other _____

Exercise

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.

III. FOR STUDENT SELF-ADMINISTERING ASTHMA MEDICATION ONLY TO BE COMPLETED BY THE STUDENT'S PARENT/GUARDIAN

Diagnosis: _____ Name of Medication: _____

Dosage: _____ Route of Administration: _____

Time/Circumstances when Medication Should be Administered: _____

Side Effects: _____

Date of Prescription: _____ Discontinuation Date: _____

Self-Administration of Asthma Medication: _____Yes _____No. My child has been diagnosed with asthma and has been prescribed asthma medication by a qualified health care professional. I hereby authorize my child to carry his/her asthma medication and to self-administer his/her medication as prescribed by his/her physician. My child's physician has instructed my child in the self-administration of his/her medication and has indicated that my child is capable of doing this independently. My child understands the need for the medication and the necessity of reporting to school personnel any unusual side effects. I have provided the school an extra supply of his/her medication with a prescription label for use in the event that he/she forgets to bring his/her asthma medication to school on a particular day.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____