

# Asthma Action Plan

The following is to be completed by the PHYSICIAN:

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Student \_\_\_\_\_ School \_\_\_\_\_

Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

**1. Asthma severity: (check one)**

- Mild intermediate     
  Mild persistent     
  Moderate persistent     
  Severe persistent

**2. Medications: (at school and home)**

	Medication Name	MDI, Oral, Neb	Dosage or Number of Puffs
Quick-Relief			
Routine			
Before PE / Exertion			

**3. For students on inhaled medications: (all students must go to health office for oral medications)**

- Assist student with medication in office  
 Remind student to take medication  
 May carry own medication if responsible

**4. Check Known Triggers:**

- Tobacco       Pesticide       Animals       Birds  
 Cleansers       Car exhaust       Perfume       Mold  
 Cold air       Stress       Exercise       Cockroach  
 Dust       Other: \_\_\_\_\_

**5. Peak Flow: To determine yellow and red zone values, multiply by .8 and .5, respectively**

**100% GREEN ZONE**  
Peak Flow: \_\_\_\_\_

No Symptoms

**80% YELLOW ZONE**  
Peak Flow: \_\_\_\_\_

**Symptoms:** Starting to cough, wheeze or feel short of breath.  
**Action for home or school:** Give quick-relief medicine; notify parent  
**Action for Parent/MD:** Increase controller dose

**50% RED ZONE**  
Peak Flow: \_\_\_\_\_

**Symptoms:** Cough, short of breath, trouble walking or talking  
**Action for home or school:** Take quick-relief medicines; notify parent. If student improves to yellow zone, send student to doctor or contact doctor. If student stays in red zone, begin Emergency Plan.

**School Emergency Plan:**

If a student has:

- No improvement 15-20 minutes AFTER initial treatment with quick-relief medication
- Peak flow of <50% of usual best
- Trouble walking, or talking, or
- Chest/neck muscle retractions with breaths, has a hunched appearance, or has a blue color
  - Give quick-relief meds; repeat in 20 minutes, if help has not arrived
  - Seek emergency care (911)
  - Contact Parents

In Yellow or Red Zone? Students whose symptoms necessitate the use of quick-relief meds sometimes need to have an adjustment made to their prescription treatment plan. Schools must be sure parent is aware of each occasion when student had symptoms and requires medication.

\*Physicians Name: (print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Telephone: \_\_\_\_\_

\*(includes nurse practitioner or other health care provider as long as there is authority to prescribe)

**A form that permits school and health care provider to exchange information must accompany this form.**

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

Date: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Emergency Telephone Number(s) / Names of Contact: \_\_\_\_\_