

## Asthma Action Plan

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_

Student Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Phone \_\_\_\_\_

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

### ASTHMA INTERVENTIONS WITH OR WITHOUT PEAK FLOW METER READINGS

#### GREEN ZONE (GOOD CONTROL)

- No cough or wheeze
- Tolerating activity easily

Peak flow above \_\_\_\_\_  
Indicates that student's asthma is under good control.  
This is where he/she should be every day.

#### TREATMENT PLAN

1. Daily School Meds: Circle one: Albuterol / Other: \_\_\_\_\_
2. Use before exercise / physical activity: Yes  No
3. Other: \_\_\_\_\_

#### YELLOW ZONE (WORSENING ASTHMA)

- Worsening symptoms: cough, wheeze, tight chest
- More short of breath with activity
- Need reliever inhaler more often than usual

Peak between \_\_\_\_\_ and \_\_\_\_\_  
Indicates a warning that student's asthma may flare unless additional measures are taken.

#### TREATMENT PLAN

1. Reliever inhaler: Albuterol  Other  \_\_\_\_\_
2. Recheck peak flow 10 minutes after treatment.  
Return to class if symptoms or peak flow improve.  
Vigorous activity should be avoided.  
Repeat inhaler if no improvement in 20 min: Yes  No
3. Call parent to inform of situation.
4. If student is not improving or getting worse, follow **Red Zone** plan.

#### RED ZONE (DANGER ZONE)

- Difficulty breathing & conversing
- Getting little relief from inhalers
- Lips and fingernails blue
- Peak flow below \_\_\_\_\_
- More breathless despite increased medications.
- Peak flows do not respond to reliever inhaler / nebulizer

#### TREATMENT PLAN

1. **Call parent** to inform of urgent situation.
2. If symptoms continue to be severe and / or parents aren't available, **call 911 immediately**.
3. Urgent medication: \_\_\_\_\_  
(Include Dosage)

Additional Comments \_\_\_\_\_

- I have instructed this student in the proper use of his/her medications. It is my professional opinion that he/she should be allowed to carry and use this medication by him/herself.
- In my professional opinion, this student should not carry his/her medication and it should be stored in the health office.

Printed Name of Provider

Phone

Provider Signature

Date