

Asthma Action Plan

Name of Student: _____ Date of Birth: _____

Grade: _____ Teacher: _____ PE Time: _____ Recess Time: _____

| Emergency Information | |
|--|--------------------------------------|
| Parent(s)/Guardian(s): _____ | |
| Telephone #: Home: _____ | Work: _____ Cell: _____ Pager: _____ |
| Physician's Name: _____ Phone: _____ | |
| Emergency Contact (If unable to reach parent(s): | |
| Name | Phone |
| 1. _____ | |
| 2. _____ | |

- How severe is your child's asthma: please circle
 Mild Intermittent Mild Persistent Moderate Persistent Severe Persistent
- Does he/she tend to have asthma episodes with upper respiratory infections? Yes No
- List Allergies/Triggers: _____
- What is your child's peak flow range:
 Green Zone _____ to _____ **Yellow Zone** _____ to _____ **Red Zone** _____ to _____

Medication Taken at Home

| Medication | Dose | Frequency (Daily or As Needed) | Reason for Taking |
|------------|------|------------------------------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |

MEDICATIONS TO BE GIVEN AT SCHOOL

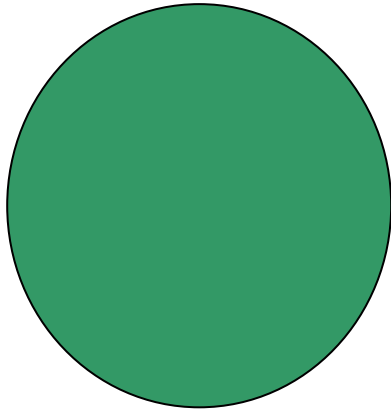
| Medication | Dose/How Often | When to Take | (Before gym, for wheeze, cough, etc.) |
|------------|----------------|--------------|---------------------------------------|
| | | | |
| | | | |

- What does your child do at home to relieve an asthma attack? _____
- Have you or your child ever attended an asthma education program? Yes No
- Do you feel your child understands his or her asthma and uses prescribed medication appropriately? Yes No

*The above plan will be observed by school personnel.
 If your child's condition worsens, 911 will be called and you will be immediately notified.

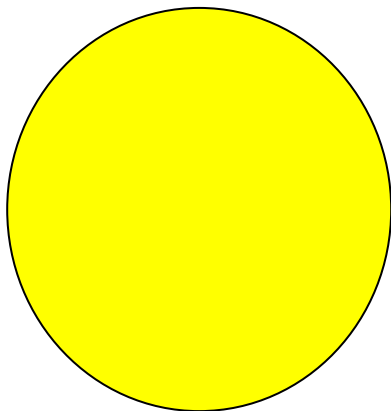
Parent Signature _____ Date _____

PEAK FLOW METER ZONES



GREEN = SAFE: Peak flow is 80 – 100% of personal best. Doing well on maintenance medication.

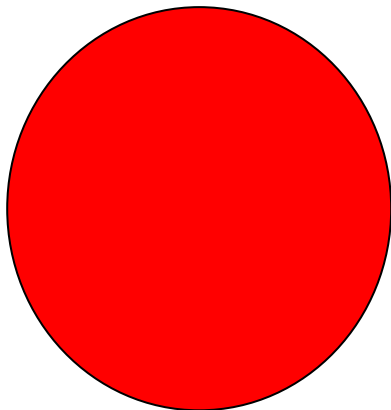
- Breathing easy
- Playing and maintaining usual activity level
- No coughing or wheezing



YELLOW = CAUTION: Peak flow is 50 – 79% of personal best. Asthma not fully under control. May need reliever medication; attack may occur soon.

- Frequent Coughing
- Short of Breath/Tight Chest Wheezing
- Slumping
- Little Energy for Active Play

SHOULD SEE IMPROVEMENT WITHIN 15-20 MIN. OF RELIEVER MEDICATION.



RED = DANGER: Peak flow is < 50% of personal best.

GET MEDICAL HELP NOW!

- Medication Not Working
- Constant Coughing
- Difficulty Walking or Talking
- Stops Playing and Can't Rejoin Activity

Hard Time Breathing:

- Nasal Flaring
- Retracting Between Ribs
- Stooped Body Posture
- Breathing Hard and Fast