

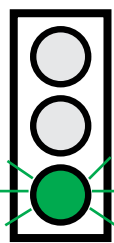
ASTHMA ACTION PLAN

Name	School	DOB / /	DO NOT WRITE IN THIS SPACE Place Patient Label Here
Health Care Provider	Provider's Phone		
Parent/Responsible Person	Parent's Phone		

Asthma Triggers Identified (Things that make your asthma worse):

☒ Smoke ☐ Colds ☐ Exercise ☐ Animals ☐ Dust ☐ Food ☐ Weather ☐ Other _____

Green Zone: Go! Take these CONTROL (PREVENTION) Medicines EVERY Day



You have **ALL** of these:

- Breathing is easy
- No cough or wheeze
- Can work and play
- Can sleep all night

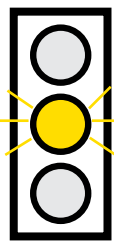
Always rinse mouth after using your daily inhaled medicine.

For asthma with exercise, **ADD**:

☐ _____, _____ puff(s) inhaler with spacer 15 minutes before exercise

☐ No control medicines required.

Yellow Zone: Caution! Continue CONTROL Medicines and **ADD QUICK-RELIEF** Medicines



You have **ANY** of these:

- Cough or mild wheeze
- Tight chest
- Problems sleeping, working, or playing

Take your Daily Controller Medicine and add this Rescue Medicine when you have breathing problems:

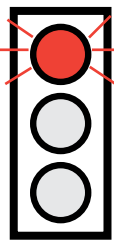
☐ Albuterol inhaler 90 mcg (Ventolin, Proventil, ProAir, Xopenex) 2 puffs every 4 hours **only if needed**. Always use a spacer, (some children may need a mask).

☐ Albuterol nebulizer 2.5mg/3ml, or Levalbuterol (Xopenex) 0.63%/3ml 1 unit dose every 4 hours **only if needed**.

• **IF ALBUTEROL DOES NOT PROVIDE RELIEF WITHIN 1 HOUR, TAKE IT AGAIN AND CALL YOUR DOCTOR. IF IMPROVED, YOU MAY NEED A REPEAT DOSE.**

• **IF USING ALBUTEROL MORE THAN 4 TIMES IN 24 HOURS, CALL YOUR DOCTOR.**

Red Zone: EMERGENCY! Continue CONTROL & QUICK-RELIEF Medicines and **GET HELP!**



You have **ANY** of these:

- Very short of breath
- Medicine is not helping
- Breathing is hard and fast

☐ Albuterol inhaler 90 mcg (Ventolin, Proventil, ProAir, Xopenex) 4 puffs inhaler with spacer **every 15 minutes**, for **3** treatments.

OR

☐ Albuterol nebulizer 2.5mg/3ml, or Levalbuterol (Xopenex) 0.63%/3ml 2 nebulizer treatments **every 15 minutes**, for **3** treatments.

Call your doctor while giving the treatments.

☐ Other _____

IF YOU CANNOT CONTACT YOUR DOCTOR: Call 911 for an ambulance or go directly to the Emergency Department!

Follow up with primary doctor within 1 week or: Date: _____

Phone: _____

REQUIRED Healthcare Provider Signature: Date: _____

REQUIRED Parent/Guardian Signature: Date: _____

SCHOOL MEDICATION CONSENT AND PROVIDER ORDER FOR CHILDREN/YOUTH: This authorization is valid for one calendar year.

Healthcare provider initials: _____ School nurse initials _____

_____ Student is approved to self-administer medicine(s) named above.

_____ Student is **not** approved to self-medicate, but may carry medicine(s) named above.

As the responsible parent/guardian initials:

_____ I hereby authorize a trained school employee, if available, to administer asthma medication.

_____ I give permission to share this information with my school nurse.

ASTHMA EDUCATION

What is Asthma?

Asthma is a long-term or chronic disease of the airways in the lungs. It causes the following changes in the lungs:

1. Swelling (or inflammation) in the linings of the airways.
2. Tightening (or squeezing) of the muscles around the airways.
3. Increased mucous production in the airways.



How to Keep Lungs Healthy and Avoid Asthma Attacks

The good news is that asthma can be **controlled** if managed well. It may even become inactive for long periods of time.

1. **DO NOT SMOKE OR ALLOW YOUR CHILD TO BE EXPOSED TO ANY TYPE OF SMOKE, INCLUDING CIGARETTE AND MARIJUANA SMOKE IN ANY HOME OR CAR.**
2. Avoid your child's triggers.
3. All patients with asthma should get a flu vaccine **every year** because they are at a higher risk of getting very sick if they get the flu infection.
4. All patients with asthma should be seen by their doctor at least **twice a year**. If your asthma is more severe, your doctor will want to see you more often. Always bring your medicines to the doctor's office.
5. If your child has any of these symptoms, you should call your doctor's office for an appointment sometime in the next 2 weeks.
 - a. Wheezing more than **2 times per week** in the last month.
 - b. Waking up at night wheezing more than **2 times in the last month**.
 - c. Using **Albuterol** or **Xopenex**, (rescue medicine) more than **2 times per week** in the last month.
 - d. Feel your child's asthma is limiting his/her activity, (can't go to school, play with friends or play sports).
 - e. Feel your child's asthma is not well controlled.
6. How to help keep your child's asthma under control:
 - a. **If you smoke, quit. New York State Smoker's quit line is 1-866-NYQUITS.**
 - b. **Stay on Controller Medication until directed by your doctor to stop.**
 - c. Discuss with your primary care provider if your child needs to use Albuterol prior to exercise.
 - d. Keep stuffed toys out of your child's bed.
 - e. Remove dust weekly. If possible, use HEPA filter vacuum or electrostatic dusting cloth.
 - f. Wash sheets and blankets once a week in hot water.
 - g. Put dust-mite proof cover around mattress and pillow.
 - h. If you do not have a cat or dog, do not get one.
 - i. If you already have a cat or dog, keep them out of your child's bedroom.
 - j. Avoid exposure to wood burning stoves and fire places.
 - k. Change your furnace filters regularly.