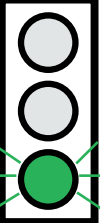


# ASTHMA ACTION PLAN


Student Name	School	DOB / /	DO NOT WRITE IN THIS SPACE  Place Patient Label Here
Health Care Provider (Please Print)	Provider's Phone		
Parent/Guardian	Parent's Phone		

<b>Diagnosis of Asthma Severity</b> _____ Intermittent _____ Persistent _____	<b>Asthma Triggers</b> (Things that make your asthma worse): <input checked="" type="checkbox"/> Smoke <input type="checkbox"/> Colds <input type="checkbox"/> Exercise <input type="checkbox"/> Animals <input type="checkbox"/> Dust <input type="checkbox"/> Food <input type="checkbox"/> Weather <input type="checkbox"/> Other _____
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**Green Zone: Go! Take these CONTROL (PREVENTION) Medicines EVERY Day**

 <p>You have <b>ALL</b> of these:</p> <ul style="list-style-type: none"> <li>• Breathing is easy</li> <li>• No cough or wheeze</li> <li>• Can work and play</li> <li>• Can sleep all night</li> </ul>	<input type="checkbox"/> No control medicines required. <input type="checkbox"/> Continue Medication: _____ <input type="checkbox"/> New Medication: _____ <b>For asthma with exercise, ADD:</b> <input type="checkbox"/> _____, _____ puff(s) with spacer 15 minutes before exercise <p style="text-align: center;">Always rinse mouth after using your daily inhaled medicine.</p>
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**Yellow Zone: Caution! Continue CONTROL Medicines and ADD QUICK-RELIEF Medicines**

 <p>You have <b>ANY</b> of these:</p> <ul style="list-style-type: none"> <li>• Cough or mild wheeze</li> <li>• Tight chest</li> <li>• Problems sleeping, working, or playing</li> </ul>	<p>Take your Daily Controller Medicine and add this Rescue Medicine when you have breathing problems:</p> <input type="checkbox"/> Albuterol inhaler 90 mcg (Ventolin, Proventil, ProAir, Xopenex) 2 puffs every 4 hours <b>only if needed</b> . Always use a spacer, (some children may need a mask). <input type="checkbox"/> Albuterol nebulizer 2.5mg/3ml, or Levalbuterol (Xopenex) 0.63%/3ml 1 unit dose every 4 hours <b>only if needed</b> . _____ <ul style="list-style-type: none"> <li>• If Albuterol does not HELP within 1 hour, take it again and <b>CALL YOUR DOCTOR</b>.</li> <li>• If using Albuterol more than 4 times in 24 hours, <b>CALL YOUR DOCTOR</b>.</li> </ul>
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**Red Zone: EMERGENCY! Continue CONTROL & QUICK-RELIEF Medicines and GET HELP!**

 <p>You have <b>ANY</b> of these:</p> <ul style="list-style-type: none"> <li>• Very short of breath</li> <li>• Medicine is not helping</li> <li>• Breathing is hard and fast</li> </ul>	<input type="checkbox"/> Albuterol inhaler 90 mcg (Ventolin, Proventil, ProAir, Xopenex) <b>4 puffs every 15 minutes for 3 times. Use a spacer.</b> OR <input type="checkbox"/> Albuterol nebulizer 2.5mg/3ml, or Levalbuterol (Xopenex) 0.63%/3ml <b>2 nebulizer treatments every 15 minutes for 3 times.</b> <input type="checkbox"/> Other _____ <p style="text-align: center; color: red;">CALL YOUR DOCTOR WHILE GIVING ALBUTEROL TREATMENTS IF YOU CANNOT CONTACT YOUR DOCTOR: Call 911 for an ambulance or go directly to the Emergency Department!</p>
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**REQUIRED PERMISSIONS FOR ALL MEDICATION USE AT SCHOOL**

**Health Care Provider Permission:** I request this plan be followed as written. This plan is valid for 1 school year: 20 \_\_\_\_ - \_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Permission** I give consent for the school nurse to give the medications listed on this plan or for trained school staff to assist my child to take them after review by the school nurse. This plan will be shared with school staff who care for my child.  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OPTIONAL PERMISSIONS FOR INDEPENDENT MEDICATION USE**

**Health Care Provider Independent Carry and Use Permission:** I attest that this student has demonstrated to me they can self-administer this rescue medication effectively and may carry and use this medication independently at school with no supervision by school personnel.  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Independent Carry and Use Permission (If ordered by Provider above):** I agree my child can self-administer this rescue medication effectively and may carry and use this medication independently at school with no supervision by school personnel.  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

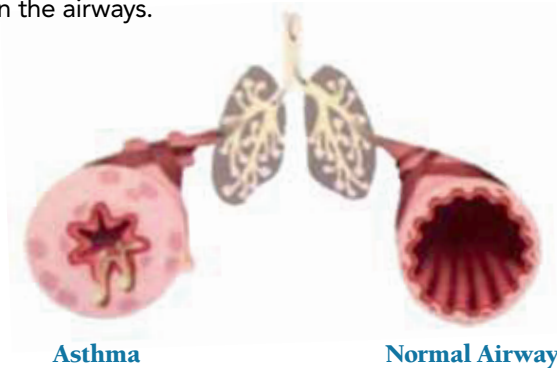
Follow up with primary doctor within 1 week or by (Date): \_\_\_\_\_ Phone: \_\_\_\_\_

## 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 asthma 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 with 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 your doctor tells you 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 covers around your 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 every 1-2 months.