

ASTHMA ACTION PLAN

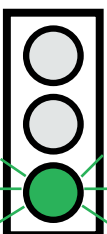
Student Name	School	DOB / /
Health Care Provider (Please Print)	Provider's Phone	
Parent/Guardian	Parent's Phone	

DO NOT WRITE IN THIS SPACE

Place Patient Label Here

Diagnosis of Asthma Severity <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent	Asthma Triggers (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




You have **ALL** of these:

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

☐ No control medicines required.
☐ Continue Medication: _____
☐ New Medication: _____
For asthma with exercise, ADD:
☐ _____, _____ puff(s) with spacer 15 minutes before exercise

Always rinse mouth after using your daily inhaled medicine.

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 HELP within 1 hour, take it again and **CALL YOUR DOCTOR.**
- 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 every 15 minutes for 3 times. Use a spacer.
 OR
☐ Albuterol nebulizer 2.5mg/3ml, or Levalbuterol (Xopenex) 0.63%/3ml
2 nebulizer treatments every 15 minutes for 3 times.
☐ Other _____

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!

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: _____

How to use your inhaler and spacer



1. Take the cap off the inhaler



2. Shake the inhaler for 5 seconds



3. Attach to spacer and take cap off spacer



4. Breathe OUT all the way



5. Close lips around mouthpiece



6. Press down here



7. Breathe in **SLOWLY, DEEPLY**



8. Hold your breath for 10 seconds if you can. Then breathe out slowly.



If you need another puff of medicine, wait 1 minute then repeat steps 5-9.



9. Rinse with water and **SPIT OUT**

Asthma Coalition
of Erie, Monroe & Niagara Counties

2564 Walden Ave, Suite 101
Buffalo, NY 14225
716-271-6388

American Lung Association

1-800-LUNG-USA (800-586-4872)*

*TTY for hearing impaired: 1-800-501-106