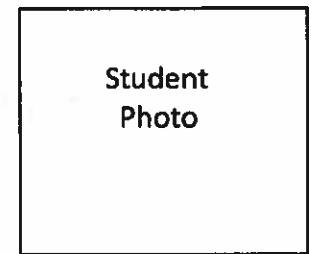


# ASTHMA ACTION PLAN for SCHOOL



Student \_\_\_\_\_ DOB \_\_\_\_\_

School \_\_\_\_\_ Grade/Rm \_\_\_\_\_

**PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION:**

Parent/Guardian-1 (name/relationship): \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian-2 (name/relationship): \_\_\_\_\_ Phone: \_\_\_\_\_

Asthma Triggers \_\_\_\_\_ Spacer: \_\_\_\_\_ YES \_\_\_\_\_ NO

Does the student use an Epi-pen: YES / NO

**Green Zone: Doing Well**

Symptoms: Breathing is good, no cough or wheeze, can play and run

MEDICINE	DOSE	WHEN AND HOW OFTEN TO TAKE IT
FOR ASTHMA WITH EXERCISE, TAKE:		

**Yellow Zone: Caution. Child exhibiting some problems breathing**

Symptoms: Cough, mild wheeze, tight chest, shortness of breath, problems playing, exposure to known trigger

MEDICINE	DOSE	WHEN AND HOW OFTEN TO TAKE IT

Can repeat dose every 4 hours as needed. If symptoms unresolved or getting worse, follow red zone, seek medical attention and contact the parent.

**Red Zone: Emergency. Quick-relief medicine has not helped**

Symptoms: very short of breath, trouble talking/walking, nasal flaring, use of accessory muscles, blue or gray discoloration of the lips or fingernails. Obtain medical attention right away!

MEDICINE	DOSE
	Number of puffs _____
	Can repeat every _____ minutes up to _____ times

**FOLLOW THE YELLOW AND RED ZONE INSTRUCTIONS FOR RESCUE MEDICATION ACCORDING TO THE STUDENT'S SYMPTOMS.**

Healthcare Provider: (circle correct response)

YES / NO: Student is PERMITTED to CARRY an inhaler and SELF-MEDICATE at school with the understanding that he/she is to report to the school clinic if symptoms do not improve.

Signature of Prescriber \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*\*\*SELF-MEDICATION FOR ASTHMA INHALERS\*\*\*\*\***  
**(In accordance with ORC 3313.716/3313.14)**

Adverse reactions that should be reported to physician:

- Chest pain.
- Rash, hives, or itching.
- Fast, pounding, or irregular heartbeat.
- Swelling of the face, throat, tongue, lips, eyes, hands, feet, ankles, or lower legs.
- Difficulty swallowing.
- Worsened breathing.
- Hoarseness.

Adverse reactions for unauthorized user:

- Racing heart beat
- Feeling very shaky

**In the event that medication does not produce the expected relief from student's asthma attack, follow the "Steps for an Acute Asthma Episode" (on first page)**

Other special instructions:

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**Copies must be provided to the principal and to the nurse.**

*Reviewed by Dr. Carly Wilbur*

