



ASTHMA ACTION PLAN

Student:	Parents:
School:	Home #
Grade:	Cell #
DOB:	Work #
Physician:	Physician Phone:

Asthma is a condition in which there is a constriction or tightening in the breathing passages.
Asthma emergencies can be potentially life threatening.

GREEN means GO ahead with normal activities. Student is doing well.
YELLOW means SLOW DOWN. Student is having asthma symptoms.
RED means STOP. Student's asthma symptoms need immediate attention.

HOW STUDENT FEELS

WHAT YOU SHOULD DO

<p style="text-align: center;">GREEN ZONE</p> <ul style="list-style-type: none"> Able to participate in everyday activities Able to play No asthma symptoms day or night 	<ul style="list-style-type: none"> -Rescue inhaler may be administered before exercise if prescribed -INHALER DOSE AS PRESCRIBED (wait 1 minute between puffs)
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<p style="text-align: center;">YELLOW ZONE</p> <p>Experiencing asthma symptoms such as:</p> <ul style="list-style-type: none"> -coughing -wheezing -shortness of breath -chest tightness 	<ul style="list-style-type: none"> -Talk calmly and reassuringly to the student -ADMINISTER RESCUE INHALER AS PRESCRIBED -Contact parent if no inhaler is available -Have student rest with supervision until symptoms improve -Contact parent if symptoms do not improve 5 minutes after inhaler administration
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<p style="text-align: center;">RED ZONE</p> <p>Having trouble walking, talking or playing Asthma symptoms are worse:</p> <ul style="list-style-type: none"> -extremely short of breath -difficulty talking -pulling of neck or chest muscles -blueness around lips or fingertips 	<ul style="list-style-type: none"> -Student needs immediate medical attention -Call parent and/or school nurse -Call 911 if parent unable to come or symptoms worsen -Talk calmly and reassuringly to the student -Have student rest -Do not leave student alone -ADMINISTER INHALER AS PRESCRIBED (Wait one minute between puffs)
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Keep in mind that 911 may need to be called if the child is in severe distress even if the parent is on the way.

District Nurse Signature: _____ Date : _____

Parent Signature: _____ Date: _____



ASTHMA HISTORY AND INFORMATION FORM

Dear Parent:

School records indicate that your child has asthma. Below is information that would be helpful in caring for your child at school should an emergency arise. Please return this form **TOMORROW**.

- Please briefly describe your child's history with asthma.
- Please describe symptoms your child usually exhibits when an asthma episode occurs.

- Has your child ever been treated at a hospital emergency room due to asthma? Yes No

If the answer is yes, please explain:

- Which physician does your child see for this condition? _____
- Has a physician prescribed medication for this condition? Yes No
- Name of the prescribed medication: _____
- Does your child have this medication at school? Yes No
- Is there a medication authorization form filled out and signed at school for this medication? Yes No
- Does your child need staff assistance with administering this medication? Yes No
- Is there a time that your child has more problems with asthma? Yes No

If the answer is yes, please explain:

- What seems to trigger your child's asthma symptoms?
- Please list any allergies your child is known to have:

*A Medication Authorization form must be filled out and left at school along with the medication in its original container.