

School: _____

Year: _____

Asthma Action Plan

For _____ Doctor _____ Date _____

Doctor's Phone Number _____ Emergency Phone _____

GREEN ZONE **Normal Peak Flow** _____

Doing Well

- No cough, wheeze, chest tightness, or shortness of breath during the day
- Can do usual activities
- Peak Flow more than _____ (80 % or more of my best peak flow)
- My best peak flow is: _____

The medicines taken **AT SCHOOL** (include an anti-inflammatory) to control symptoms.

Medicine	How much to take	When to take it
_____	_____	_____
_____	_____	_____

Before exercise:

Medicine _____ 2 or 4 puffs _____ 5 minutes before exercise.

YELLOW ZONE

Asthma Is Getting Worse

- Cough, wheeze, chest tightness, or shortness of breath
- Can do some, but not all, usual activities
- Or peak flow: _____ to _____ (50% - 79% of my best peak flow)

First: Add quick-relief medicine – and keep taking your **Green Zone** medicine.

_____ 2 or 4 puffs, every 20 min for up to 1 hour or
Nebulizer, once

Second: If your symptoms (and peak flow, if used) do not return to **Green Zone** after 1 hour of the above treatment:

- Continue monitoring to be sure you stay in the **Green Zone**.
- OR-
- If your symptoms (and peak flow, if used) do not return to **Green Zone** after 1 hour of above treatment:

Take: _____ 2 or 4 puffs, every 20 min for up to 1 hour
or Nebulizer, once

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RED ZONE

Medical Alert!!

- Very short of breath, or
- Quick-relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours(the next day) in the **YELLOW ZONE**
- Or peak flow is less than _____ (50% of my best peak flow)

Take this medicine:

_____ 2 or 4 puffs, every 20 min for up to 1hr
or Nebulizer, once

After 15 minutes if the student is still in the RED ZONE

- **Call 911 and then the parent**

Danger Signs:

- **Trouble walking and talking due to shortness of breath**
- **Lips or Fingers are blue**
- **Call 911 and then parent**

Any additional orders: _____

Physician Signature Date

Parent Signature Date

District Nurse Signature Date