Asthma Action Plan

AMERICAN LUNG ASSOCIATION®

General Information:

■ Name _____

■ Emergency contact _____ Phone numbers _____

■ Physician/Healthcare Provider _____ Phone numbers _____

■ Physician Signature _____ Date _____

Severity Classification

❍ Mild Intermittent ❍ Moderate Persistent
❍ Mild Persistent ❍ Severe Persistent

Triggers

❍ Colds ❍ Smoke ❍ Weather
❍ Exercise ❍ Dust ❍ Air pollution
❍ Animals ❍ Food
❍ Other _____

Exercise

1. Pre-medication (how much and when) _____
_____
2. Exercise modifications _____
_____

Green Zone: Doing Well

Peak Flow Meter Personal Best =

Symptoms

- Breathing is good
- No cough or wheeze
- Can work and play
- Sleeps all night

Peak Flow Meter

More than 80% of personal best or _____

Control Medications

Medicine	How Much To Take	When To Take It

Yellow Zone: Getting Worse

Contact Physician if using quick relief more than 2 times per week.

Symptoms

- Some problems breathing
- Cough, wheeze or chest tight
- Problems working or playing
- Wake at night

Peak Flow Meter

Between 50% to 80% of personal best or
_____ to _____

Continue control medicines and add:

Medicine	How Much To Take	When To Take It

IF your symptoms (and peak flow, if used) return to Green Zone after 1 hour of the quick relief treatment, THEN

❍ Take quick-relief medication every 4 hours for 1 to 2 days

❍ Change your long-term control medicines by
_____

❍ Contact your physician for follow-up care

IF your symptoms (and peak flow, if used) DO NOT return to the GREEN ZONE after 1 hour of the quick relief treatment, THEN

❍ Take quick-relief treatment again

❍ Change your long-term control medicines by
_____

❍ Call your physician/healthcare provider within _____ hours of modifying your medication routine

Red Zone: Medical Alert

Ambulance/Emergency Phone Number:

Symptoms

- Lots of problems breathing
- Cannot work or play
- Getting worse instead of better
- Medicine is not helping

Peak Flow Meter

Between 0% to 50% of personal best or
_____ to _____

Continue control medicines and add:

Medicine	How Much To Take	When To Take It

Go to the hospital or call for an ambulance if

❍ Still in the red zone after 15 minutes

❍ If you have not been able to reach your physician/healthcare provider for help

❍ _____

Call an ambulance immediately if the following danger signs are present

❍ Trouble walking/talking due to shortness of breath

❍ Lips or fingernails are blue

Parent signature_____ Date_____

LSN signature _____ Date_____

*I understand by signing this form, I authorize the school to administer the medication(s) according to standard school policy. I give permission for the LSN or building nurse to contact my child's health care provider regarding this plan. The nurse may also provide a copy of this plan to my child's teachers, bus company, athletic director and/or other school personnel as deemed necessary. I release school personnel from liability in the event of adverse reactions resulting from this medication. I authorize my child to self-administer his/her inhaler if deemed appropriate by the LSN and he/she is at the Middle School or High School level.