

ASTHMA ACTION PLAN

Student Photo Here

Student name: _____ **Grade:** _____

School: _____ **DOB:** _____ **School year:** _____

Effective Date: School Year 20 _____ - _____ (including summer school, if applicable)

To be completed by a practitioner:

Triggers: (check applicable)

- | | | | |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Respiratory infections | <input type="checkbox"/> Animal dander | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Temperature changes | <input type="checkbox"/> Food | <input type="checkbox"/> Dust mites | |
| <input type="checkbox"/> Tree, grass pollens | <input type="checkbox"/> Mold | <input type="checkbox"/> Strong odors or fumes | _____ |

GREEN ZONE: Doing Well

Symptoms	Daily Asthma Control Medicine	Dose	Time Given
<ul style="list-style-type: none"> • No cough or wheeze • Can work or play • Sleeps all night • Breathing is good 			

YELLOW ZONE: Having Symptoms – Use Rescue Inhaler

Symptoms	Medicine	How many puffs	When and how often to use
<ul style="list-style-type: none"> • Difficulty speaking • Wheezing • Chest tightness • Shortness of breath • Persistent coughing 			

Additional Doctor Orders (check applicable)

- Give two puffs of the inhaler 15 minutes before gym/recess
- Give _____ more puffs of the rescue inhaler if symptoms have not improved in _____ minutes
- Sick plan:* Give the inhaler at scheduled times when the student is ill per parent/guardian direction

RED ZONE: Emergency – Use Rescue Inhaler; Call 911 and parent/guardian if student not better right away

Symptoms	Medicine	How many puffs	When and how often to use
<ul style="list-style-type: none"> • Relief inhaler did not help • Cannot work or play, anxious • Trouble talking, gasping • Breathing hard & fast, ribs sticking out 			

YES **NO** Student understands asthma AND has successfully demonstrated rescue medication delivery. Student ***may*** self-carry inhaler while at school and during school sponsored events. (Keeping a back-up in the health office is recommended.)

PARENT/GUARDIAN SIGNATURE _____ Phone _____ Date _____

I hereby give permission to staff designated by the school principal or nurse to give the above medication to my student according to the instructions stated above and authorize them to contact the practitioner, if necessary.

PRACTITIONER SIGNATURE _____ Phone _____ Date _____

Practitioner signature directs the above medication administration and indicates willingness to communicate with school staff regarding this medication.

YELLOW ZONE: Having Symptoms

School staff directions:

DO NOT leave the student alone.

Remove student from any obvious trigger and escort student to health office.

Seat student in position of comfort. Do not insist s/he lie down

Give initial treatment of quick-relief medicine and allow for rest. Improvement is usually seen within 5-10 minutes after use of quick-relief medicine.

An asthma emergency is indicated by no response to treatment or worsening symptoms. Notify school nurse and parent.

RED ZONE: Emergency – Use Rescue Inhaler; Call 911 and parent/guardian if student not better right away

School staff directions:

Contact parent /guardian **NOW** regarding severity of student's asthma episode and urgent need for evaluation by a health care provider.

Parent/guardian/emergency contact must arrive within 10 minutes to take student to a medical facility, or **CALL 911**. Send this Asthma Action Plan with student.

Rescue Inhaler Instructions

HOW TO USE AN INHALER

Stand up (or sit up straight).

1. Shake the inhaler well to mix up the medicine
2. Remove the cap from the inhaler. Inspect the inhaler to make sure there is nothing in it that could be accidentally inhaled.
3. Inhalers must be "primed" the first time they are used and when not used for two weeks.* Spray 4 times into the air, away from the face to ensure medication is flowing freely. Hold the inhaler upright or it will not spray correctly.
4. Exhale all your air out fully.
5. Before inhaling, put the mouthpiece of the inhaler into your mouth over your tongue and between your teeth. Close your lips around it while tilting your head and the inhaler back slightly. Press down on the inhaler canister and breathe in slowly and deeply (over about 5 seconds) through your mouth.
6. Hold breath for 10 seconds.
Wait 1-2 minutes between puffs.
Rinse mouth after using the inhaler.

*Xopenex (levalbuterol) inhalers should be primed if not used for 3 days.

HOW TO USE AN INHALER WITH A HOLDING CHAMBER

Repeat steps 1-4 above

5. Before inhaling, put the mouthpiece of the chamber into your mouth over your tongue and between your teeth. Close your lips around it while tilting your head and the inhaler back slightly.
6. Press down on the inhaler canister and

7. Breathe in slowly and deeply (over about 5 seconds) through your mouth. Some chambers will whistle if you are breathing in too fast. If you hear a whistling sound, breathe in slower until no sound can be heard.
8. Hold breath for 10 seconds.
9. Chambers with mask mouthpieces advise pressing the canister to fill the chamber, then slowly breathing in and out six times. Breath-holding after is not required.

