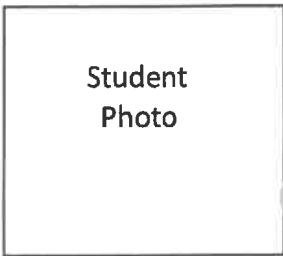


ASTHMA ACTION PLAN for SCHOOL



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:

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

Reviewed by Dr. Carly Wilbur

