

Asthma Action Plan

Name of Student: _____ Date of Birth: _____

Grade: _____ Teacher: _____ PE Time: _____ Recess Time: _____

Emergency Information	
Parent(s)/Guardian(s): _____	
Telephone #: Home: _____	Work: _____ Cell: _____ Pager: _____
Physician's Name: _____ Phone: _____	
Emergency Contact (If unable to reach parent(s):	
Name	Phone
1. _____	
2. _____	

- How severe is your child's asthma: please circle
 Mild Intermittent Mild Persistent Moderate Persistent Severe Persistent
- Does he/she tend to have asthma episodes with upper respiratory infections? Yes No
- List Allergies/Triggers: _____
- What is your child's peak flow range:
 Green Zone _____ to _____ Yellow Zone _____ to _____ Red Zone _____ to _____

Medication Taken at Home

Medication	Dose	Frequency (Daily or As Needed)	Reason for Taking

MEDICATIONS TO BE GIVEN AT SCHOOL

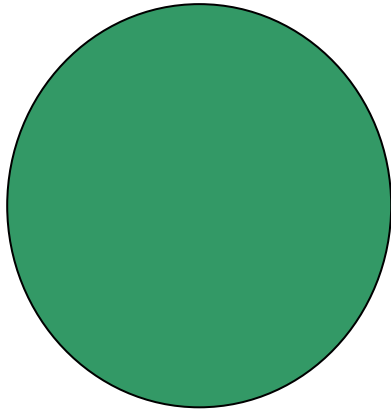
Medication	Dose/How Often	When to Take	(Before gym, for wheeze, cough, etc.)

- What does your child do at home to relieve an asthma attack? _____
- Have you or your child ever attended an asthma education program? Yes No
- Do you feel your child understands his or her asthma and uses prescribed medication appropriately? Yes No

*The above plan will be observed by school personnel.
 If your child's condition worsens, 911 will be called and you will be immediately notified.

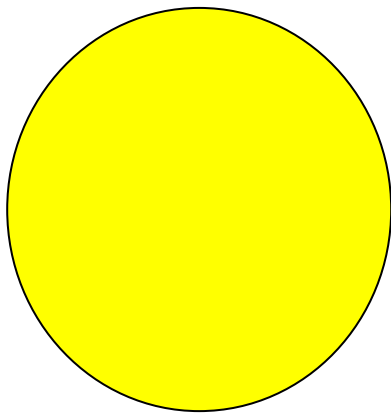
Parent Signature _____ Date _____

PEAK FLOW METER ZONES



GREEN = SAFE: Peak flow is 80 – 100% of personal best. Doing well on maintenance medication.

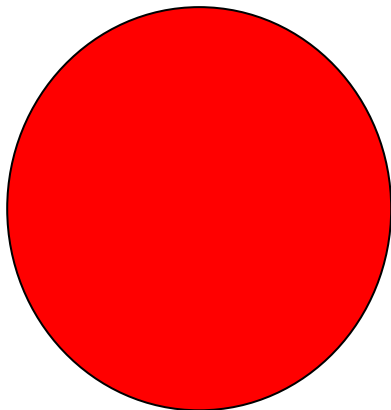
- Breathing easy
- Playing and maintaining usual activity level
- No coughing or wheezing



YELLOW = CAUTION: Peak flow is 50 – 79% of personal best. Asthma not fully under control. May need reliever medication; attack may occur soon.

- Frequent Coughing
- Short of Breath/Tight Chest Wheezing
- Slumping
- Little Energy for Active Play

SHOULD SEE IMPROVEMENT WITHIN 15-20 MIN. OF RELIEVER MEDICATION.



RED = DANGER: Peak flow is < 50% of personal best.

GET MEDICAL HELP NOW!

- Medication Not Working
- Constant Coughing
- Difficulty Walking or Talking
- Stops Playing and Can't Rejoin Activity

Hard Time Breathing:

- Nasal Flaring
- Retracting Between Ribs
- Stooped Body Posture
- Breathing Hard and Fast