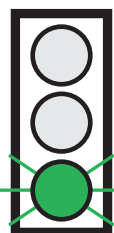


ASTHMA ACTION PLAN

Student Name	DOB / /	Severity _____ Intermittent _____ Moderate Persistent _____ Mild Persistent _____ Severe Persistent Control _____ Doing Well _____ Needs Better Control
Health Care Provider (Please Print)	Provider's Phone	
Parent/Guardian	Parent's Phone	

Green Zone: Go! Take these CONTROL (PREVENTION) Medicines EVERY Day



You have **ALL** of these:

- Breathing is easy
- No cough or wheeze
- Can work and play
- Can sleep all night

☐ No daily control medicines required.

☐ Allergy medication: _____

☐ Daily medication: _____, _____ puff(s) with spacer _____ times a day

Always rinse mouth after using your daily inhaled medicine.

☐ For Asthma with exercise: Albuterol, 2 puffs with spacer 15 minutes before exercise

Yellow Zone: Caution! Continue CONTROL Medicines and ADD RESCUE Medicines



You have **ANY** of these:

- Cough or mild wheeze
- Tight chest
- Problems sleeping, working, or playing

☐ Take _____, _____ puff(s) _____ times a day for _____ days

☐ Continue **Daily Controller** medicine as directed from green zone

☐ Take **Rescue** medicine when you have breathing problems:

☐ Albuterol (Ventolin, Proventil, ProAir, Xopenex) 2 4 6 8 puffs every _____ hours **as needed**

Circle Number

☐ Albuterol or Levalbuterol 1 vial nebulized every _____ hours **as needed**

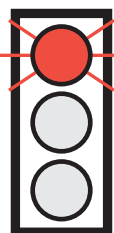
☐ Symbicort or Dulera 1 2 puff(s) every _____ hours for 5 days. (No more than 8 12 puffs per 24 hrs)

Circle Number

Circle Number

**CALL YOUR DOCTOR if you need your rescue medicine:
every 4 hours for >2 days, more than 2 times per week, or if not working**

Red Zone: EMERGENCY! Continue CONTROL & RESCUE Medicines and GET HELP!



You have **ANY** of these:

- Very short of breath
- Medicine is not helping
- Breathing is hard and fast

☐ Albuterol (Ventolin, Proventil, ProAir, Xopenex)

4 6 8 puffs every 15 minutes for 3 times. Use a spacer.

Circle Number

OR

☐ Albuterol nebulizer or Levalbuterol (Xopenex)

1 2 vials every 15 minutes for 3 times.

Circle Number

CALL YOUR DOCTOR WHILE GIVING ALBUTEROL

IF YOU CANNOT CONTACT YOUR DOCTOR:

Call 911 for an ambulance or go directly to the Emergency Department!

REQUIRED PERMISSIONS FOR ALL MEDICATION USE AT SCHOOL

Health Care Provider Permission: I request this plan be followed as written. This plan is valid for 1 school year 20____ - _____

Signature: _____ **Date:** _____

Parent/Guardian Permission: I give consent for the school nurse to give the medications listed on this plan or for a trained school staff to assist my child to take them after review by the school nurse. This plan will be shared with school staff who care for my child.

Signature: _____ **Date:** _____

OPTIONAL PERMISSIONS FOR INDEPENDENT MEDICATION USE

Health Care Provider Independent Carry and Use Permission: I attest that this student has demonstrated to me they can self-administer this rescue medication effectively and may carry and use this medication independently at school with no supervision by school personnel.

Signature: _____ **Date:** _____

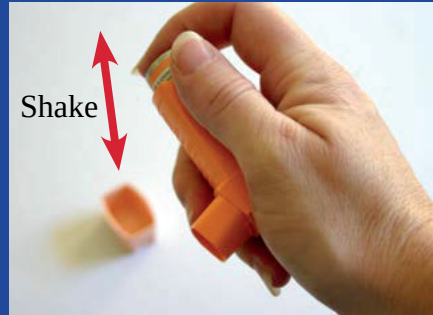
Parent/Guardian Independent Care and Use Permission (If ordered by Provider above): I agree my child can self-administer this rescue medication effectively and may carry and use this medication independently at school with no supervision by school personnel.

Signature: _____ **Date:** _____

How to use your inhaler and spacer



1. Take the cap off the inhaler



2. Shake the inhaler for 5 seconds



3. Attach to spacer and take cap off spacer



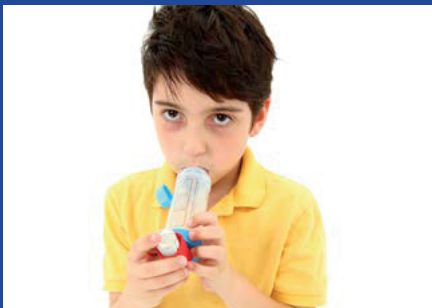
4. Breathe OUT all the way



5. Close lips around mouthpiece



6. Press down here



7. Breathe in **SLOWLY, DEEPLY**



8. Hold your breath for 10 seconds if you can. Then breathe out slowly.



If you need another puff of medicine, wait 1 minute then repeat steps 5-9.



9. Rinse with water and **SPIT OUT**

Asthma Coalition
of Erie, Monroe & Niagara Counties

American Lung Association.

1-800-LUNG-USA (800-586-4872)*

*TTY for hearing impaired: 1-800-501-1068