KISD ASTHMA ACTION PLAN

Permission to Dispense Medication at School Form must be attached for all medications that are to be administered at school.

Student Name: _____ DOB:_____ Emergency Contact:_____

Asthma Action Plans are an important part of asthma care. Please provide the school with this form or another Asthma Action Plan completed by your healthcare provider.

GREEN ZONE - Doing Well ● No cough, wheeze, chest tightness, or shortness of breath during the day or night ● Can do usual activities **And, if a peak flow meter is used,** **Peak flow:** more than _____(80% or more of best peak flow)	**Take these long-term control medications each day (include an anti-inflammatory)** **Medication** **How much to take** **When to take it** _____ _____ _____ _____ _____ _____ Before exercise: ☐ _____ ☐ 2 or ☐ 4 puffs _____ minutes before exercise (short acting beta$_2$-agonist)
YELLOW ZONE - Asthma is Getting Worse ● Cough, wheeze, chest tightness, or shortness of breath ● Waking at night due to asthma ● Can do some, but not all, usual activities **-Or-** **Peak flow:_____** to_____ (50-79% of best peak flow)	➡ **First: Add quick-relief medication and keep taking your GREEN ZONE medications** _____ ☐ 2 or ☐ 4 puffs, every 20 minutes up to 1 hour (short acting beta$_2$-agonist) ☐ Nebulizer, once ➡ **Second: If symptoms continue (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment** **-Or- If symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:** ☐ Take: _____ ☐ 2 or ☐ 4 puffs or ☐ Nebulizer (short acting beta$_2$-agonist) ☐ Add:_____ mg day for _____ (3-10 days) (oral steroid) ☐ Call the doctor ☐ before/ ☐ within _____ hours after taking the oral steroid.
RED ZONE - Medical Alert! ● Very short of breath, or ● Quick-relief medicines have not helped, or ● Cannot do usual activities, or ● Symptoms are the same or get worse after 24 hours in Yellow Zone **-Or-** **Peak flow:** less than_____(50% of best peak flow)	**Take this medicine:** ☐ _____ ☐ 4 or ☐ 6 puffs or ☐ Nebulizer (short acting beta$_2$-agonist) ☐ _____ (oral steroid) **Then call your doctor NOW! Go to the hospital or call an ambulance if:** ● You are still in the red zone after 15 minutes AND ● You have not reached your doctor

DANGER SIGNS

■ Trouble walking and talking due to shortness of breath ■ Lips or fingernails are blue

⬇

☐ Take: ☐ 4 or ☐ 6 puffs of your quick-relief medication AND go to the hospital or call for an ambulance **NOW**

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Student Name: _____ DOB:_____ Emergency Contact:_____

It is necessary for this Asthma Action Plan to be followed during the school day at the time(s) indicated above.

Healthcare Provider Name: _____ Healthcare Provider Signature: _____Date: _____

Address: _____ Phone: _____ Fax:_____