



Asthma Action Plan

***RCSN Reviewed Order:

Date:

Student Name: _____ Date of Birth: _____ Grade: _____
 School: _____ Phone #: _____ Fax #: _____

TO BE COMPLETED BY THE PHYSICIAN

1. **Asthma Severity (circle one):** Mild Intermittent Mild Persistent Moderate Persistent Severe Persistent
 2. **Medications (at school AND home):** **Circle One Below:**

A. QUICK RELIEF Medication Name	MDI, Oral, Nebulizer	Dosage or # of puffs	Frequency
1.	MDI, Oral, Nebulizer		
2.	MDI, Oral, Nebulizer		
B. ROUTINE Medication Name (e.g. anti-inflammatory)	MDI, Oral, Nebulizer	Dosage or # of puffs	Frequency
1.	MDI, Oral, Nebulizer		
2.	MDI, Oral, Nebulizer		
C. Before P.E. Exertion Medication Name	MDI, Oral, Nebulizer	Dosage or # of puffs	Frequency
1.	MDI, Oral, Nebulizer		
2.	MDI, Oral, Nebulizer		

3. **For student on inhaled medication, please mark below (all students must go to health office for oral medications):**
 _____ assist student with medication in office _____ remind student to take medication _____ may carry own medication, *if responsible*
 4. **Circle Known Triggers:** tobacco pesticide animals birds animals dust cleansers car exhaust perfume mold
 cockroach cold air cleansers exercise other: _____
 5. **Peak Flow:** Write patient's 'personal best' peak flow reading under the 100% box (below); multiply by .8 and .5 respectively

100%	Green Zone	80%		50%	Red Zone
Peak Flow	No Symptoms	Peak Flow	Starting to cough, wheeze or feel short of breath	Peak Flow	Cough, short of breath, trouble walking or talking
#= _____		#= _____	Action for home, school: Give 'Quick Relief' med'; notify parent	#= _____	Action for home, school: Take Quick-Relief Meds;
			Action for Parent/MD Increase controller dose _____		<ul style="list-style-type: none"> If student improves to 'yellow zone' send student to doctor or contact doctor If student stays in 'red zone' begin Emergency Plan

School Emergency Plan: If student has: a) No Improvement 15-20 minutes AFTER initial treatment with quick-relief medication; or b) peak flow is < 50% of usual best, or c) Trouble walking, or talking; or d) Chest/neck muscles retract with breaths, hunched or blue color; **Then:** 1. Give quick-relief meds; Repeat in 20 min if help has not arrived; 2. Seek emergency care (911); 3. Contact Parent

In yellow or red zone? Students with symptoms who need to use 'quick-relief' meds may frequently need change in routine 'controller' medication. Schools must be sure parent is aware of each occasion when student had symptoms and required medication.

Physician's Name (Print): _____ Signature: _____ Date: _____

Office Address: _____ Office Telephone #: _____

Includes nurse practitioner or other health care provider as long as there is authority to prescribe.

Parents/Guardian Signature: _____ Date: _____ Telephone #: _____

Emergency Telephone Number/Name(s) of contact(s): _____

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