

**GREAT HEARTS ACADEMY – ASTHMA ACTION PLAN** for the 2022/2023 SCHOOL YEAR

CHILD LAST NAME: \_\_\_\_\_  
 FIRST NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
 PARENT/GUARDIAN: \_\_\_\_\_  
 BEST CONTACT PHONE NUMBER: \_\_\_\_\_  
 PHYSICIAN NAME: \_\_\_\_\_  
 PHYSICIAN PHONE NUMBER: \_\_\_\_\_  
 TEACHER: \_\_\_\_\_ ROOM # \_\_\_\_\_



ASTHMA TRIGGERS:      EXERCISE      STRONG ODORS OR FUMES      RESPIRATORY INFECTIONS  
                                  ANIMALS                      DUST                      TEMPERATURE CHANGES      POLLENS  
                                  MOLDS                      FOOD                      CARPET                      OTHER: \_\_\_\_\_

Does your student use a peak flow monitor? \_\_\_\_\_ yes \_\_\_\_\_ no  
 Personal best peak flow number: \_\_\_\_\_ Monitoring times during the day: \_\_\_\_\_

DAILY PREVENTION/MANAGEMENT PLAN: *(Breathing is good, no cough or wheeze, can sleep through the night, can work and play OR other specific symptoms such as \_\_\_\_\_)*

CONTROLLER MEDICATION	DOSE	FREQUENCY	Given to school nurse?

BEGINNING SYMPTOMS: *(First signs of a cold, exposure to known trigger, cough, wheeze, chest tightness, coughing at night OR other specific symptoms such as \_\_\_\_\_)*

RESCUE MEDICATION	DOSE	FREQUENCY	Given to school nurse?

1. Use the rescue medications listed above or \_\_\_\_\_
2. Have student return to class if \_\_\_\_\_
3. Contact parent if \_\_\_\_\_

WORSENING SYMPTOMS: *(Medicine is not helping, breathing is hard and fast, nose opens wide, can't talk well, getting nervous OR other specific symptoms such as \_\_\_\_\_)*

EMERGENCY MEDICATION	DOSE	FREQUENCY	Given to school nurse?

**Call 9-1-1 if the student**

1. Shows no improvement in 15-20 minutes after the rescue and emergency treatments are used, and the above-mentioned parent-guardian cannot be reached
2. Difficulty breathing, walking, or talking
3. Lips or fingernails are blue or gray or other \_\_\_\_\_

I understand that school staff **MUST** be informed of my child's health concerns in order to provide safe and appropriate care. I will update the school nurse office as my child's health conditions/treatments change throughout the year.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# My Asthma Action Plan

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Severity Classification:  Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent

Asthma Triggers (list): \_\_\_\_\_

Peak Flow Meter Personal Best: \_\_\_\_\_

## Green Zone: Doing Well

Symptoms: Breathing is good – No cough or wheeze – Can work and play – Sleeps well at night

Peak Flow Meter \_\_\_\_\_ (more than 80% of personal best)

Control Medicine(s)	Medicine	How much to take	When and how often to take it
	_____	_____	_____
	_____	_____	_____

Physical Activity  Use Albuterol/Levalbuterol \_\_\_\_ puffs, 15 minutes before activity  
 with all activity  when you feel you need it

## Yellow Zone: Caution

Symptoms: Some problems breathing – Cough, wheeze, or tight chest – Problems working or playing – Wake at night

Peak Flow Meter \_\_\_\_\_ to \_\_\_\_\_ (between 50% and 79% of personal best)

Quick-relief Medicine(s)  Albuterol/Levalbuterol \_\_\_\_ puffs, every 4 hours as needed

Control Medicine(s)  Continue Green Zone medicines

Add \_\_\_\_\_  Change to \_\_\_\_\_

You should feel better within 20–60 minutes of the quick-relief treatment. If you are getting worse or are in the Yellow Zone for more than 24 hours, THEN follow the instructions in the RED ZONE and call the doctor right away!

## Red Zone: Get Help Now!

Symptoms: Lots of problems breathing – Cannot work or play – Getting worse instead of better – Medicine is not helping

Peak Flow Meter \_\_\_\_\_ (less than 50% of personal best)

Take Quick-relief Medicine NOW!  Albuterol/Levalbuterol \_\_\_\_ puffs, \_\_\_\_\_ (how frequently)

Call 911 immediately if the following danger signs are present:

- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue
- Still in the red zone after 15 minutes

Emergency Contact Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_