

## Asthma Action Plan

### Self-Administered Medication Authorization

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Parent Name(s): \_\_\_\_\_ PH: \_\_\_\_\_ Cell: \_\_\_\_\_ WK: \_\_\_\_\_  
 Other Contacts: \_\_\_\_\_ PH: \_\_\_\_\_ Cell: \_\_\_\_\_ WK: \_\_\_\_\_  
 Health Care Provider's Name: \_\_\_\_\_ PH: \_\_\_\_\_ Fax: \_\_\_\_\_

#### THE AREAS BELOW TO BE COMPLETED BY HEALTH CARE PROVIDER

#### **● GREEN ZONE: GO! Take control medications every day**

<p><b>If you:</b></p> <ul style="list-style-type: none"> <li>Have no shortness of breath</li> <li>Have no cough, wheezing or tightness</li> <li>Can work/play/sleep as usual</li> </ul> <p><b>If Peak Flow Meter is used, it is at least _____ in this zone or greater (&gt;80% of best peak flow)</b></p>	<p>Step 1: <input type="checkbox"/> No control medications required.</p> <p>Step 2: <input type="checkbox"/> Take this control medication(s) every day:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;">Inhaled medication</td> <td style="border-bottom: 1px solid black; width: 20%;">Puffs</td> <td style="border-bottom: 1px solid black; width: 20%;">Frequency</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Oral medication</td> <td style="border-bottom: 1px solid black;">Dose</td> <td style="border-bottom: 1px solid black;">Frequency</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Medication for Nebulizer Treatment</td> <td style="border-bottom: 1px solid black;">Dose</td> <td style="border-bottom: 1px solid black;">Frequency</td> </tr> </table> <p>Step 3: <input type="checkbox"/> If exercise triggers Asthma, take the following medication 15 minutes before recess or PE/sports.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;">Inhaled Medication</td> <td style="border-bottom: 1px solid black; width: 40%;">Number of Puffs</td> </tr> </table>	Inhaled medication	Puffs	Frequency	Oral medication	Dose	Frequency	Medication for Nebulizer Treatment	Dose	Frequency	Inhaled Medication	Number of Puffs
Inhaled medication	Puffs	Frequency										
Oral medication	Dose	Frequency										
Medication for Nebulizer Treatment	Dose	Frequency										
Inhaled Medication	Number of Puffs											

#### **▲ YELLOW ZONE: PROCEED WITH CAUTION Add Quick Relief Medication**

<p><b>If you have ANY of these:</b></p> <ul style="list-style-type: none"> <li>Cough, wheeze, tightness of chest, shortness of breath</li> <li>Can do less than usual amount of playing/working. Problems sleeping, working and or playing</li> </ul> <p><b>Peak Flow is in this area: _____ to _____ (50-79% of best peak flow)</b></p>	<p>Step 1: <input type="checkbox"/> Keep taking GREEN ZONE control meds and <u>ADD</u> Quick Relief medication</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 30%;">Inhaled Medication</td> <td style="border-bottom: 1px solid black; width: 20%;">Dose (puffs)</td> <td style="border-bottom: 1px solid black; width: 20%;">Repeat (hrs)</td> <td style="border-bottom: 1px solid black; width: 30%;">Max. Treatments/doses</td> </tr> </table> <p><b>OR</b> <input type="checkbox"/> Nebulizer Treatment(s)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 40%;">Medication:</td> <td style="border-bottom: 1px solid black; width: 20%;">Dose:</td> <td style="border-bottom: 1px solid black; width: 20%;">Repeat (hrs)</td> <td style="border-bottom: 1px solid black; width: 20%;">Max. Treatments</td> </tr> </table> <p>Step 2: <input type="checkbox"/> Other: _____</p> <p>Step 3: <b>If symptoms are getting worse, follow the RED ZONE instructions!</b></p>	Inhaled Medication	Dose (puffs)	Repeat (hrs)	Max. Treatments/doses	Medication:	Dose:	Repeat (hrs)	Max. Treatments
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#### **STOP RED ZONE: STOP!!! STOP EMERGENCY! STOP GET HELP NOW! STOP**

<p><b>IF:</b></p> <ul style="list-style-type: none"> <li>Quick Relief meds don't work</li> <li>You are very short of breath</li> <li>Cannot talk/walk/play/work</li> <li>Have blue lips/nails</li> </ul> <p><b>Peak Flow is in this area: _____ or less. (&lt;50%)</b></p>	<p>Step 1: <input type="checkbox"/> Continue to take YELLOW ZONE medication to maximum treatments.</p> <p>Step 2: <input type="checkbox"/> Add this medication:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 40%;">Inhaled Medication</td> <td style="border-bottom: 1px solid black; width: 20%;">Dose (puffs)</td> <td style="border-bottom: 1px solid black; width: 20%;">Frequency</td> <td style="border-bottom: 1px solid black; width: 20%;">Max. Treatments</td> </tr> </table> <p>Step 3: Other _____</p> <p>Step 4: <b>If no improvement after Steps 1, 2 &amp; 3</b> <input type="checkbox"/> Call 911 <input type="checkbox"/> Contact parent</p>	Inhaled Medication	Dose (puffs)	Frequency	Max. Treatments
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### Self-Administered Medication Authorization

- This student may carry and self-administer the above medications during school attendance and/or during school events, and has been instructed on how to properly self-administer this medication.
- This student needs assistance/supervision to use the above medications and may NOT carry or self-administer medication.

Health Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ Parent/Guardian Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

mw 01-10-2018