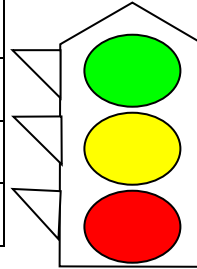


Individual Asthma Action Plan

Date Received: _____

Name	Date of Birth	School Year to
Parent/Guardian	Health Care Provider	
Parent's Phone	Providers Phone	
Emergency Contact After Parent	Contact Phone	



GREEN means **GO ZONE!**
Use preventive medicine.

YELLOW means **CAUTION ZONE!**
Add prescribed yellow zone medicine.

RED means **DANGER ZONE!**
Get help from a Doctor.

GO (GREEN)

You have all of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work and play

And/or
Peak
flow
above

Use these medicines every day

MEDICINE/DOSAGE	HOW MUCH TO TAKE	WHEN TO TAKE IT

COMMENTS:

For asthma with exercise, take:

--	--	--

Check all items that trigger your asthma and things that could make your asthma worse:

- Chalk dust
- Cigarette smoke
- Colds/Flu
- Dust mites
- Exercise
- Mold
- Ozone alert days
- Cockroaches
- Pets
- Plants, flowers
cut grass, pollen
- Strong odors
- Sudden temp.
change
- Wood smoke
- Foods:

CAUTION (YELLOW)

You have any of these:

- First sign of a cold
- Exposure to known trigger
- Cough
- Mild wheeze
- Tight chest
- Coughing at night

And/or
Peak
flow from

to

Continue with green zone medicine and ADD:

MEDICINE/DOSAGE	HOW MUCH TO TAKE	WHEN TO TAKE IT
FIRST →		
NEXT →		

COMMENTS:

DANGER (RED)

Your asthma is getting worse fast:

- Medicine is not helping within 15-20 minutes
- Breathing is hard and fast
- Nose opens wide
- Lips blue
- Fingernails blue
- Trouble walking and talking

And/or
Peak
flow
below

Take these medicines and call students doctor

EMERGENCY MEDICINE/DOSAGE	HOW MUCH TO TAKE	WHEN TO TAKE IT
Burst Therapy		

COMMENTS:

Get help from a doctor now! It's Important!

- Other:
- _____
- _____
- _____

Signature below gives a BHM licensed school nurse permission to contact health care provider, if needed.
Please choose one:

- This student is capable and has been instructed in the proper method of self-administering the medications name above.
- This student is not approved to self-medicate. Medication kept in school health office. Staff will assist in administration.

PARENT SIGNATURE

HEALTH CARE PROVIDER SIGNATURE
(not necessary for students who self carry)

Reviewed by _____
Licensed School Nurse