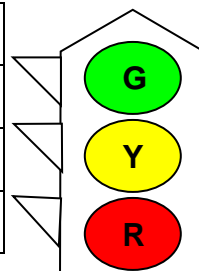


Individual Asthma Action Plan

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:

☐ Other:

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 <u>now</u>! It's Important!		

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