

## Asthma Action Plan

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ PE Time: \_\_\_\_\_ Recess Time: \_\_\_\_\_

Emergency Information	
Parent(s)/Guardian(s): _____	
Telephone #: Home: _____	Work: _____ Cell: _____ Pager: _____
Physician's Name: _____ Phone: _____	
Emergency Contact (If unable to reach parent(s):	
Name	Phone
1. _____	
2. _____	

- How severe is your child's asthma: please circle  
     Mild Intermittent      Mild Persistent      Moderate Persistent      Severe Persistent
- Does he/she tend to have asthma episodes with upper respiratory infections?    Yes      No
- List Allergies/Triggers: \_\_\_\_\_
- What is your child's peak flow range:  
     Green Zone \_\_\_\_\_ to \_\_\_\_\_      Yellow Zone \_\_\_\_\_ to \_\_\_\_\_      Red Zone \_\_\_\_\_ to \_\_\_\_\_

### Medication Taken at Home

Medication	Dose	Frequency ( Daily or As Needed)	Reason for Taking

### MEDICATIONS TO BE GIVEN AT SCHOOL

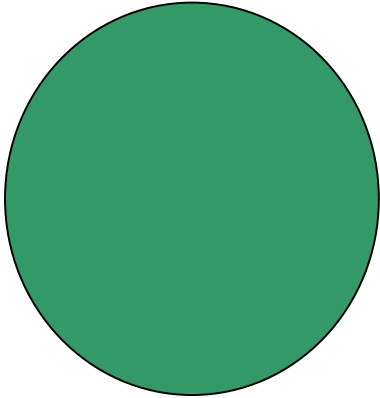
Medication	Dose/How Often	When to Take	(Before gym, for wheeze, cough, etc.)

- What does your child do at home to relieve an asthma attack? \_\_\_\_\_
- Have you or your child ever attended an asthma education program?    Yes      No
- Do you feel your child understands his or her asthma and uses prescribed medication appropriately?      Yes      No

\*The above plan will be observed by school personnel.  
 If your child's condition worsens, 911 will be called and you will be immediately notified.

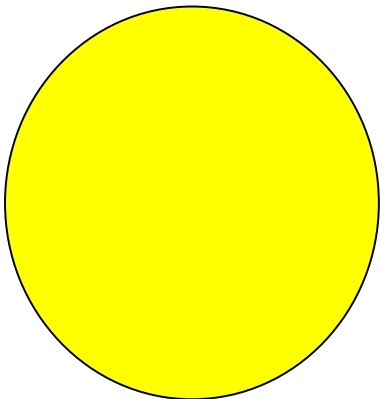
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## PEAK FLOW METER ZONES



**GREEN = SAFE:** Peak flow is 80 – 100% of personal best. Doing well on maintenance medication.

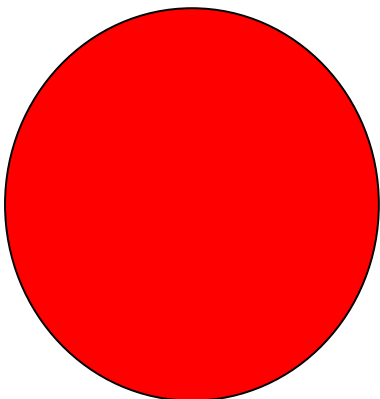
- Breathing easy
- Playing and maintaining usual activity level
- No coughing or wheezing



**YELLOW = CAUTION:** Peak flow is 50 – 79% of personal best. Asthma not fully under control. May need reliever medication; attack may occur soon.

- Frequent Coughing
- Short of Breath/Tight Chest Wheezing
- Slumping
- Little Energy for Active Play

**SHOULD SEE IMPROVEMENT WITHIN 15-20 MIN. OF RELIEVER MEDICATION.**



**RED = DANGER:** Peak flow is < 50% of personal best.

**GET MEDICAL HELP NOW!**

- Medication Not Working
- Constant Coughing
- Difficulty Walking or Talking
- Stops Playing and Can't Rejoin Activity

Hard Time Breathing:

- Nasal Flaring
- Retracting Between Ribs
- Stooped Body Posture
- Breathing Hard and Fast