Asthma Action Plan for Home and School



Name						DOB	/	
	n □Intermittent □Mild Per sonal Best					nt		
Green Zone: Doin	ng Well							
Symptoms: Breathi	ng is good – No cough or whe			- Sleeps	well at night			
Control Medicine(s)	Medicine	How much					Take at ☐ Home ☐ School ☐ Home ☐ School	
Physical Activity	☐ Use albuterol/levalbuterol _	puffs, 15 n	ninutes befor	e activity	□ with all activity	\square when the child	d feels he/she needs it	
Symptoms: Some problems breathing - Cough, wheeze, or chest tight - Problems working or playing - Wake at night Peak Flow Meter to (between 50% and 79% of personal best) Quick-relief Medicine(s)								
Red Zone: Get He	elp Now!							
	oroblems breathing - Cannot ow Meter (less than 50%		_	orse inste	ad of better - Med	licine is not helpi	ng	
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 								
The only control medic Both the Healthcare lief inhaler, including Healthcare Provider		school are thos ardian feel tha oms do not im	se listed in the at the child ha aprove after t	e Green Zo as demons aking the	one with a check mai strated the skills to o medicine.	rk next to "Take at carry and self-adr		
Name	D	ate	_ Phone (_)	Signature _			
☐ I consent to common based health clinic	or the medicines listed in the ac unication between the prescrib providers necessary for asthm	oing health ca na managemer	re provider o nt and admini	r clinic, the stration o	e school nurse, the s of this medicine.	school medical ad		
Name	D	ate	Phone (Signature _			
	emonstrated the skills to carry a caking the medicine.	and self-admi	nister their q	uick-reliet	f inhaler, including w	vhen to tell an adı	ult if symptoms do	
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