

SCHOOL YEAR 20\_\_\_\_ - 20\_\_\_\_

## ASTHMA ACTION PLAN

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

Health Care Provider #: \_\_\_\_\_ Fax: \_\_\_\_\_ Emergency #: 911 OR \_\_\_\_\_

**DIAGNOSIS: Asthma Severity** (*Select one*): ☐ Intermittent; ☐ Exercise Induced Asthma/Bronchoconstriction


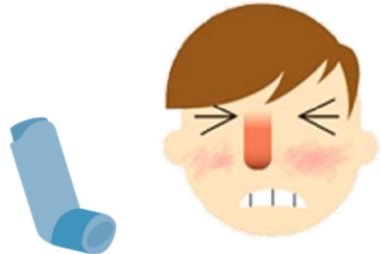
☐ Persistent: ☐ Mild; ☐ Moderate; ☐ Severe

**RESCUE MEDICATION:** ☐ Proventil HFA; ☐ Ventolin HFA; ☐ Xopenex HFA; ☐ ProAir HFA; ☐ ProAir RespiClick; ☐ Nebulizer

**PREVENTATIVE MEDICATION (taken at home):** \_\_\_\_\_ ☐ Inhaler ☐ Diskus

# \_\_\_\_\_ Inhalations/Puffs \_\_\_\_\_ times a day; Other: \_\_\_\_\_

**What triggers my asthma:** ☐ Smoke ☐ Mold ☐ Tree/Grass/Weed Pollen ☐ Cold/Virus ☐ Exercise ☐ Seasons Other: \_\_\_\_\_

GREEN ZONE: DOING WELL	YELLOW ZONE: ASTHMA GETTING WORSE	RED ZONE: MEDICAL ALERT
<p>If no cough, wheeze, chest tightness or shortness of breath during the day/night and can do usual activities, <b>then:</b></p> <p><b>Take as Needed before exercise:</b> 2 puffs of Rescue Medication 5-15 mins before exercise</p> <div style="text-align: center; margin-top: 50px;">  </div>	<p>If cough, wheeze, chest tightness or shortness of breath; waking at night due to asthma; or can do some but not all usual activities, <b>then:</b></p> <p><b>TAKE</b> rescue inhaler dose 2-4 puffs every 20 mins for up to 1 hour as needed for cough, wheeze, shortness of breath or chest tightness.</p> <p style="text-align: center;"><b>or:</b></p> <p><i>Nebulizer</i>, once or up to every 20 mins for up to 1 hour for cough, wheeze, shortness of breath or chest tightness.</p> <p><b>Call the healthcare Provider within 24 hours if asthma symptoms do not improve</b></p> <p><b>IF AT SCHOOL:</b> Return student to classroom if stable &amp; symptoms return to green zone and continue monitoring to be sure student remains in <b>GREEN ZONE</b></p> <p>Or if symptoms do not return to <b>GREEN ZONE</b> after 1 hour of treatment: <b>TAKE:</b> Rescue Inhaler 2-4 puffs and <b>CALL</b> parent and health care provider.</p>	<p><b>IF ONE OR MORE OF THE FOLLOWING ARE PRESENT:</b></p> <ul style="list-style-type: none"> <li>Coughing, wheezing, shortness of breath, not helped with medications</li> <li>Hard time breathing with chest and neck pulled in with breathing: Child is hunched over</li> <li>Trouble walking or talking due to shortness of breath</li> <li>Stops playing and cannot start activity again</li> <li>Lips or fingernails are grey or blue</li> </ul> <p><b>then:</b> <b>TAKE RESCUE INHALER 4-6 inhalations or nebulizer. Call 911, parent and healthcare provider. Repeat the dose if not improved in 15-20 mins.</b></p> <div style="text-align: center; margin-top: 50px;">  </div>

(Circle one) Patient MAY / MAY NOT be allowed to carry and self-administer rescue inhaler.

☐ I authorize health information sharing on my child with relevant school officials and healthcare providers.

☐ Autorizo a la información de salud compartiendo en mi hijo/hija con las autoridades escolares competentes y profesionales de la salud.

**Parent/Guardian Signature**

X \_\_\_\_\_

**Provider Signature**

X \_\_\_\_\_

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