

ASTHMA ACTION PLAN

NAME: _____ DOB: _____ SCHOOL: _____ GRADE: _____
His/her personal best peak flow score is _____. A peak flow meter is to be used daily at _____ o'clock or anytime the student is experiencing breathing difficulties. When using peak flow meter scores to measure lung function, please follow these instructions;

GREEN ZONE: If the meter reading is _____ (between 80 and 100% of best peak flow meter score), the following actions are to be taken:

MEDICATION	DOSAGE	TIME
1. _____		
2. _____		
3. _____		

YELLOW ZONE: If the meter reading is _____ (between 50 and 80% of best peak flow meter score), the following actions are to be taken:

MEDICATION	DOSAGE	TIME
1. _____		
2. _____		
3. _____		

If the meter score does not improve in _____ minutes, please notify the parent/guardian at the following telephone numbers and request that the student be picked up from school.
_____ (HOME) _____ (WORK) _____ (PAGER / CELL PHONE)

RED ZONE: If the meter reading is _____ (less than 50% of best peak flow meter score), and the student is experiencing respiratory distress, call the parent **and** physician immediately. The student's physician can be reached at () _____ (OFFICE). Call 911 if the distress is severe. While waiting to talk to the parent or physician, take the following actions:

MEDICATION	DOSAGE	TIME
1. _____		
2. _____		
3. _____		

Physician Signature: _____ Date: _____
Parent Signature: _____ Date: _____
School Nurse Signature: _____ Date: _____

ASTHMA EMERGENCY PLAN

Name: _____ DOB: _____ School # _____ School Year: _____
Grade: _____ Class: _____ Homeroom Teacher: _____

EMERGENCY INFORMATION

Mother/Guardian: _____ Ph: (home): _____
Address: _____ Ph: (work/cell/pager): _____

Father/Guardian: _____ Ph: (home): _____
Address: _____ Ph: (work/cell/pager): _____

EMERGENCY CONTACT #1: _____

NAME	RELATIONSHIP	PHONE
------	--------------	-------

EMERGENCY CONTACT #2: _____

NAME	RELATIONSHIP	PHONE
------	--------------	-------

Physician treating student for asthma: _____

NAME	PHONE
------	-------

ADDRESS

ASTHMA INFORMATION

ALLERGENS/IRRITANTS: _____

PERSONAL BEST PEAK FLOW SCORE: _____

CURRENT ASTHMA MEDICATIONS: _____

EMERGENCY PLAN – STEPS TO TAKE DURING AN ASTHMA EPISODE

1. Check peak flow
2. Give medications as listed on ASTHMA ACTION PLAN and SH 7
3. Contact parent/guardian if: _____
4. Re-check peak flow
5. Seek emergency care (CALL 911) if the student has any of the following:
 - a. Hard time breathing with chest and neck pulled in, stooped body posture, struggling or gasping
 - b. Peak Flow in RED ZONE and student in severe respiratory distress
 - c. Trouble talking or appears agitated
 - d. Coughs constantly, has noisy difficult breathing, and an emergency contact can't be reached
 - e. No improvement 15-20 minutes after initial treatment with medication and an emergency contact can't be reached

Physician Signature _____ Date _____

Parent Signature: _____ Date _____

School Nurse Signature: _____ Date _____