Student Name:
DOB:

Asthma Action Plan

At School:
☐ Rescue Inhaler: _____
☐ Spacer
☐ Nebulizer: _____
☐ Other Medication: _____
☐ Peak Flow Meter
☐ Incentive Spirometer

Asthma Severity: ☐ Mild ☐ Moderate ☐ Severe ☐ Intermittent ☐ Persistent

Asthma Triggers: ☐ Respiratory Illness ☐ Exercise ☐ Dust ☐ Animals ☐ Environmental Allergens ☐ Smoke ☐ Acid Reflux ☐Mold/Mildew ☐ Stress ☐ Other:

Self-Management: Student ☐ Self Carries ☐ Self administers inhaler

Green Zone [Prevention]

Presentation:
- Breathing is good
- No cough or wheeze
- Can work/play easily

Peak Flow is between
_____and _____
80-100% of personal best

GO!

1. ☐ **Take daily maintenance medications:**

Medication	How Much?	When?

2. ☐ **Exercise Induced Asthma**

Medication	How Much?	When?

Yellow Zone [Asthma Attack]

Present Symptoms:
- It's hard to breathe
- Coughing
- Wheezing
- Chest tightness
- Cannot play, work, or eat easily
- Increased fatigue

Peak flow is between
_____ and _____
50-79% of personal best

CAUTION

1. ☐ **Take rescue medication:**

☐ _____ Puffs of rescue inhaler

☐ Nebulizer treatment of _____

☐ Repeat inhaler or nebulizer after _____ minutes, as needed

2. If symptoms are not improving after _____ treatments, contact ☐ RN ☐ Parent

Red Zone [Asthma Emergency]

Present Symptoms:
- Very hard to breathe
- Nostrils flaring
- Ribs are showing
- Medication is not relieving symptoms
- Lips or fingernails are gray or blue
- Cannot walk or talk

Peak flow is between
_____and _____
Below 50% of personal best

EMERGENCY

1. **Take rescue inhaler NOW:**

Medication	How Much?

2. **CALL NOW!**
- EMS (9-1-1)
- RN
- Parents

Parents: _____
RN: _____

♦This Asthma Action Plan requires: prescriber's orders, parent authorization, and training by a school nurse

Nurse's Signature: _____Date: _____