GREAT HEARTS ACADEMY – ASTHMA ACTION PLAN for the 2019/2020 SCHOOL YEAR

CHILD **LAST** NAME: ____
FIRST NAME: _________________________ DOB:________________
PARENT/GUARDIAN: ____
BEST CONTACT PHONE NUMBER: _____________________________
PHYSICIAN NAME: ____
PHYSICIAN PHONE NUMBER: _______________________________
TEACHER: ______________________________ ROOM # __________

☐ ASTHMA TRIGGERS: EXERCISE STRONG ODORS OR FUMES RESPIRATORY INFECTIONS
ANIMALS DUST TEMPERATURE CHANGES POLLENS
MOLDS FOOD CARPET OTHER: _____________________________

Does your student use a peak flow monitor? ______ yes _______ no
Personal best peak flow number: ______________________________ Monitoring times during the day: ________________________

☐ DAILY PREVENTION/MANAGEMENT PLAN: *(Breathing is good, no cough or wheeze, can sleep through the night, can work and play OR other specific symptoms such as ____)*

CONTROLLER MEDICATION	DOSE	FREQUENCY	Given to school nurse?

☐ BEGINNING SYMPTOMS: *(First signs of a cold, exposure to known trigger, cough, wheeze, chest tightness, coughing at night OR other specific symptoms such as ____)*

RESCUE MEDICATION	DOSE	FREQUENCY	Given to school nurse?

1. Use the rescue medications listed above or ____
2. Have student return to class if ____
3. Contact parent if ____

☐ WORSENING SYMPTOMS: (*Medicine is not helping, breathing is hard and fast, nose opens wide, can't talk well, getting nervous OR other specific symptoms such as ____)*

EMERGENCY MEDICATION	DOSE	FREQUENCY	Given to school nurse?

Call 9-1-1 if the student

1. Shows no improvement in 15-20 minutes after the rescue and emergency treatments are used, and the above-mentioned parent-guardian cannot be reached
2. Difficulty breathing, walking or talking
3. Lips or fingernails are blue or gray or other ____

I understand that school staff MUST be informed of my child's health concerns in order to provide safe and appropriate care. I will update the school nurse office as my child's health conditions/treatments change throughout the year.

Parent/Guardian signature: ____ Date: ______________

Asthma Action Plan

General Information:

- Name ______________________________
- Emergency contact ______________________________ Phone numbers ______________
- Physician/Healthcare Provider ______________________________ Phone numbers ______________
- Physician Signature ______________________________ Date ______________

Severity Classification	Triggers	Exercise
○ Mild Intermittent ○ Moderate Persistent ○ Mild Persistent ○ Severe Persistent	○ Colds ○ Smoke ○ Weather ○ Exercise ○ Dust ○ Air pollution ○ Animals ○ Food ○ Other ______________	1. Pre-medication (how much and when) ______________ 2. Exercise modifications ______________

Green Zone: Doing Well

Peak Flow Meter Personal Best =

Symptoms

- Breathing is good
- No cough or wheeze
- Can work and play
- Sleeps all night

Peak Flow Meter

More than 80% of personal best or ________

Control Medications

Medicine	How Much To Take	When To Take It

Yellow Zone: Getting Worse

Contact Physician if using quick relief more than 2 times per week.

Symptoms

- Some problems breathing
- Cough, wheeze or chest tight
- Problems working or playing
- Wake at night

Peak Flow Meter

Between 50% to 80% of personal best or ________ to ________

Continue control medicines and add:

Medicine	How Much To Take	When To Take It

IF your symptoms (and peak flow, if used) return to Green Zone after 1 hour of the quick relief treatment, THEN

- ○ Take quick-relief medication every 4 hours for 1 to 2 days
- ○ Change your long-term control medicines by ______________
- ○ Contact your physician for follow-up care

IF your symptoms (and peak flow, if used) DO NOT return to the GREEN ZONE after 1 hour of the quick relief treatment, THEN

- ○ Take quick-relief treatment again
- ○ Change your long-term control medicines by ______________
- ○ Call your physician/healthcare provider within ______ hours of modifying your medication routine

Red Zone: Medical Alert

Ambulance/Emergency Phone Number:

Symptoms

- Lots of problems breathing
- Cannot work or play
- Getting worse instead of better
- Medicine is not helping

Peak Flow Meter

Between 0% to 50% of personal best or ________ to ________

Continue control medicines and add:

Medicine	How Much To Take	When To Take It

Go to the hospital or call for an ambulance if

- ○ Still in the red zone after 15 minutes
- ○ If you have not been able to reach your physician/healthcare provider for help
- ○ ______________

Call an ambulance immediately if the following danger signs are present

- ○ Trouble walking/talking due to shortness of breath
- ○ Lips or fingernails are blue