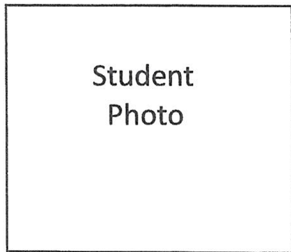
Rocky River City School District

# ASTHMA ACTION PLAN for SCHOOL




Student_______________________________________________DOB_______________

School________________________________________________Grade/Rm____________

**PARENT/GUARDIAN EMERGENCY CONTACT INORMATION:**

Parent/Guardian-1 (name/relationship):_______________________________________Phone:__________________

Parent/Guardian-2 (name/relationship):_______________________________________Phone:__________________

Asthma Triggers_____________________________________________________________ Spacer: _______YES_______NO

Does the student use an Epi-pen: YES / NO

## Green Zone: Doing Well

**Symptoms: Breathing is good, no cough or wheeze, can play and run**

| MEDICINE | DOSE | WHEN AND HOW OFTEN TO TAKE IT |
|---|---|---|
| | | |
| | | |
| **FOR ASTHMA WITH EXERCISE, TAKE:** | | |
| | | |

## Yellow Zone: Caution. Child exhibiting some problems breathing

**Symptoms: Cough, mild wheeze, tight chest, shortness of breath, problems playing, exposure to known trigger**

| MEDICINE | DOSE | WHEN AND HOW OFTEN TO TAKE IT |
|---|---|---|
| | | |
| | | |
| | | |

☐ Can repeat dose every 4 hours as needed. If symptoms unresolved or getting worse, follow **red zone**, seek medical attention and contact the parent.

## Red Zone: Emergency. Quick-relief medicine has not helped

**Symptoms: very short of breath, trouble talking/walking, nasal flaring, use of accessory muscles, blue or gray discoloration of the lips or fingernails. Obtain medical attention right away!**

| MEDICINE | DOSE |
|---|---|
| | **Number of puffs__________** |
| | **Can repeat every__________ minutes up to ________ times** |
| | |

**FOLLOW THE YELLOW AND RED ZONE INSTRUCTIONS FOR RESCUE MEDICATION ACCORDING TO THE STUDENT'S SYMPTOMS.**

**Healthcare Provider: (circle correct response)**

**YES / NO: Student is PERMITTED to CARRY an inhaler and SELF-MEDICATE at school with the understanding that he/she is to report to the school clinic if symptoms do not improve.**

Signature of Prescriber_____________________________________________Date____________________

Signature of Parent/Guardian_____________________________________________Date____________________