Asthma Action Plan for School

Student Name: ____ **Grade:** ________ **Birthdate:** ______/_____ /______

Asthma Severity: ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent
☐ He/she has had many or severe asthma attacks/exacerbations

School: ____ School Tel#_____________________________

School Fax#____ School Nurse: __________________________

TO BE COMPLETED BY PROVIDER:

☺ **Green Zone** Have the child take these medicines every day, even when the child feels well.

Always use a spacer with inhalers as directed.

Controller Medicine(s): ____

____

Controller Medicine(s) Given in School: ____

Rescue Medicine: Albuterol/Levalbuterol _____________ puffs every four hours as needed

Exercise Medicine: Albuterol/Levalbuterol _____________ puffs 15 minutes before activity as needed

Target Peak Flow:____

😐 **Yellow Zone** Begin the sick treatment plan if the child has a cough, wheeze, shortness of breath, or tight chest. Have the child take all of these medicines when sick.

Rescue Medicine: Albuterol/Levalbuterol _____________puffs every 4 hours as needed

Controller Medicine(s): ☐ Continue Green Zone medicines:____

____

☐ Add: ____

☐ Change: ____

Target Peak Flow:____

If the child is in the **yellow** zone more than **24** hours or is getting worse, follow **red** zone and call the doctor right away!

☹ **Red Zone** If breathing is hard and fast, ribs sticking out, trouble walking, talking, or sleeping.

Get Help Now

Take rescue medicine(s) now: Rescue Medicine: Albuterol/Levalbuterol _______________puffs every_______________

Take: ____

If the child is not better right away, call 911

Please call the doctor any time the child is in the red zone.

Asthma Triggers: (List)____

____

____

Provider Signature: ____

Date/Time: ____

School Staff: Follow the Yellow and Red Zone plans for rescue medicines according to asthma symptoms.
Unless otherwise noted, the only controllers to be administered in school are those listed as "given in school" in the green zone.

☐ Student demonstrates to the school nurse the ability to properly self-administer and responsibly carry inhaler while at school

☐ Student DOES NOT demonstrate to the school nurse the ability to properly self-administer and responsibly carry inhaler while at school

To Be Completed by Provider:

☐ Provider agrees student has the knowledge and skills to safely possess and self-administer inhaler at school

☐ Provider agrees student DOES NOT has the knowledge and skill to safely possess inhaler at school

Asthma Provider Printed Name and Contact Information:	**Asthma Provider Signature:** **Date/Time:**

To Be Completed by Parent/Guardian:

☐ Parent/Guardian agrees student has the knowledge and skills to safely possess and self-administer inhaler at school

☐ Parent/Guardian agrees student DOES NOT has the knowledge and skill to safely possess inhaler at school

Parent/Guardian: I give written authorization for the medications listed in the action plan to be administered in school by the nurse or other school members as appropriate. I consent to communication between the prescribing health care provider/clinic, the school nurse, the school medical advisor, school-based health clinic providers, and educators as necessary for asthma management and administration of this medication.

Parent/guardian signature: **Date/Time:**	**School Nurse Reviewed:** **Date/Time:**

Contacts:

Call 911 / Rescue: ______________________ **Preferred Hospital:** ______________________

Doctor: ______________________ **Phone:** ______________________

Parent/Guardian: ______________________ **Phone:** ______________________

Parent/Guardian: ______________________ **Phone:** ______________________

Other Emergency Contacts

Name/Relationship: ______________________ **Phone:** ______________________

Name/Relationship: ______________________ **Phone:** ______________________

The Maine Department of Education, Chapter 40, requires that the healthcare provider, parent and school nurse attest that the student demonstrates the knowledge and skill to safely carry the medication while at school. Written parental permission forms and physician orders must be renewed at least annually. Physician orders must be renewed if there are changes in the order.

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