

# Asthma Action Plan

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School \_\_\_\_\_

Inhaler kept in \_\_\_\_\_  School clinic  Self-carry



## ACTION CONTROL PLAN

### Level of Severity

Intermittent  Mild Intermittent  Moderate  Persistent  Severe Persistent  High Risk

### Control

Well controlled  Not well controlled  Very poorly Controlled

### Triggers

Animals  Pollen  Dust Mites  Viral Respiratory Infections  Mold  Exercise  Weather  Smoke  Other

### Allergies

\_\_\_\_\_

### Pulse O<sub>2</sub>

$\geq$  95% normal  
 Other \_\_\_\_\_

If student has any of the following symptoms – chest tightness, difficulty breathing, wheezing, excessive coughing, shortness of breath you will do this: Stop activity and help student to a sitting position, stay calm, reassure student, assist student with use of inhaler if they self-carry, escort student to school clinic or call for nurse for immediate assistance. Never send student to clinic alone!!

## GREEN ZONE

### DOING WELL

- Breathing is normal
- No cough, wheeze, chest tightness, or shortness of breath during the day or night
- Can do usual activities

And, if a peak flow meter is used,

Peak flow: more than \_\_\_\_\_  
 (80 percent or more of best peak flow)

### Take these long-term control medicines each day.

#### Controller Medications

\_\_\_\_\_

Rescue Medications \_\_\_\_\_

#### How much to take

\_\_\_\_\_

2 or  4 puffs  6 puffs

PRN \_\_\_\_\_ hrs

#### When to take it

\_\_\_\_\_

10 - 20 minutes before exercise

#### At School

Yes  No

Yes  No

Yes  No

## YELLOW ZONE

### ASTHMA IS GETTING WORSE

- Cough, wheeze, chest tightness, or shortness of breath, or
- Waking at night due to asthma, or
- Can do some, but not all, usual activities

-Or-

If pulse Oximeter is used O<sub>2</sub> Sat \_\_\_\_\_% to \_\_\_\_\_%

#### First Add: rescue medicine

\_\_\_\_\_  2 or  4  6 puffs, every \_\_\_\_\_ Minutes Repeat every \_\_\_\_\_ Minutes for up to 1 hour  
 (short-acting beta2-agonist)  Nebulizer solution \_\_\_\_\_ Repeat every \_\_\_\_\_ Minutes

#### Second If symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:

Continue monitoring to be sure student stays in the GREEN ZONE

-Or-

If symptoms (and or pulse O<sub>2</sub>, if used) do not return to GREEN ZONE after 1 hour of above treatment move to RED ZONE.

## RED ZONE

### MEDICAL ALERT! DANGER

- Very short of breath, or
- Rescue medicines have not helped,
- Cannot do usual activities, or
- Symptoms are same or get worse after treatment in Yellow Zone Pulse Oximeter < 93%

#### First Rescue medicine

\_\_\_\_\_  4 or  6 puffs every \_\_\_\_\_ Minutes or Nebulizer Solution every \_\_\_\_\_ Minutes  
 (short-acting beta2-agonist)

#### Second Call 911 if unable to return action to yellow zone after 15 minutes or less, call 911, and parent/guardian.

**EMERGENCY!** ■ Trouble walking and talking due to shortness of breath ■ Lips or fingernails are blue ■ Chest or neck is pulling in while breathing ■ Student must bend forward to breathe

Self Administration  By checking this box and signing below, health care provider and parent, give written authorization of permission for this student to self carry and self administer prescription asthma medication during school or at school related events. This includes authorization to coach and discuss this condition and elements of care with health care provider indicated on this form

Date \_\_\_\_\_ Provider Signature \_\_\_\_\_ Provider Printed Name \_\_\_\_\_ Provider Phone \_\_\_\_\_ Fax \_\_\_\_\_

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, and for asthma management and administration of this medication.

Date \_\_\_\_\_ Parent/guardian signature \_\_\_\_\_ Home phone/cell \_\_\_\_\_ Work \_\_\_\_\_ Alternate contact number \_\_\_\_\_

Nurse Signature: \_\_\_\_\_ Nurse Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

# How To Control Things That Make Your Asthma Worse

This guide suggests things you can do to avoid your asthma triggers. Put a check next to the triggers that you know make your asthma worse and ask your doctor to help you find out if you have other triggers as well. Then decide with your doctor what steps you will take.

## Allergens

### Animal Dander

Some people are allergic to the flakes of skin or dried saliva from animals with fur or feathers.

The best thing to do:

- Keep furred or feathered pets out of your home.
- If you can't keep the pet outdoors, then:
  - Keep the pet out of your bedroom and other sleeping areas at all times, and keep the door closed.
  - Remove carpets and furniture covered with cloth from your home. If that is not possible, keep the pet away from fabric-covered furniture and carpets.

### Dust Mites

Many people with asthma are allergic to dust mites. Dust mites are tiny bugs that are found in every home—in mattresses, pillows, carpets, upholstered furniture, bedcovers, clothes, stuffed toys, and fabric or other fabric-covered items.

Things that can help:

- Encase your mattress in a special dust-proof cover.
- Encase your pillow in a special dust-proof cover or wash the pillow each week in hot water. Water must be hotter than 130° F to kill the mites. Cold or warm water used with detergent and bleach can also be effective.
- Wash the sheets and blankets on your bed each week in hot water.
- Reduce indoor humidity to below 60 percent (ideally between 30—50 percent). Dehumidifiers or central air conditioners can do this.
- Try not to sleep or lie on cloth-covered cushions.
- Remove carpets from your bedroom and those laid on concrete, if you can.
- Keep stuffed toys out of the bed or wash the toys weekly in hot water or cooler water with detergent and bleach.

### Cockroaches

Many people with asthma are allergic to the dried droppings and remains of cockroaches.

The best thing to do:

- Keep food and garbage in closed containers. Never leave food out.
- Use poison baits, powders, gels, or paste (for example, boric acid). You can also use traps.
- If a spray is used to kill roaches, stay out of the room until the odor goes away.

### Indoor Mold

- Fix leaky faucets, pipes, or other sources of water that have mold around them.
- Clean moldy surfaces with a cleaner that has bleach in it.

### Pollen and Outdoor Mold

What to do during your allergy season (when pollen or mold spore counts are high):

- Try to keep your windows closed.
- Stay indoors with windows closed from late morning to afternoon, if you can. Pollen and some mold spore counts are highest at that time.
- Ask your doctor whether you need to take or increase anti-inflammatory medicine before your allergy season starts.

## Irritants

### Tobacco Smoke

- If you smoke, ask your doctor for ways to help you quit. Ask family members to quit smoking, too.
- Do not allow smoking in your home or car.

### Smoke, Strong Odors, and Sprays

- If possible, do not use a wood-burning stove, kerosene heater, or fireplace.
- Try to stay away from strong odors and sprays, such as perfume, talcum powder, hair spray, and paints.

## Other things that bring on asthma symptoms in some people include:

### Vacuum Cleaning

- Try to get someone else to vacuum for you once or twice a week, if you can. Stay out of rooms while they are being vacuumed and for a short while afterward.
- If you vacuum, use a dust mask (from a hardware store), a double-layered or microfilter vacuum cleaner bag, or a vacuum cleaner with a HEPA filter.

### Other Things That Can Make Asthma Worse

- Sulfites in foods and beverages: Do not drink beer or wine or eat dried fruit, processed potatoes, or shrimp if they cause asthma symptoms.
- Cold air: Cover your nose and mouth with a scarf on cold or windy days.
- Other medicines: Tell your doctor about all the medicines you take. Include cold medicines, aspirin, vitamins and other supplements, and nonselective beta-blockers (including those in eye drops).

