Asthma Action Plan - Annual

AMERICAN LUNG ASSOCIATION.

General Information:

■ Name _____

■ Emergency contact _____ Phone numbers _____

■ Physician/Health Care Provider _____ Phone numbers _____

■ Physician Signature _____ Date _____

Severity Classification

○ Mild Intermittent ○ Moderate Persistent
○ Mild Persistent ○ Severe Persistent

Triggers

○ Colds ○ Smoke ○ Weather
○ Exercise ○ Dust ○ Air pollution
○ Animals ○ Food
○ Other _____

Exercise

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 one 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/Health Care 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/health care 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

SCHOOL MEDICATION PERMISSION
NAPERVILLE SCHOOL DISTRICT 203

STUDENT'S NAME: _____ GRADE: _____BIRTHDATE: _____

ADDRESS: _____ PHONE: _____ SCHOOL: _____

I hereby request that Naperville School District 203 employees administer or supervise the administration of medication in accordance with the routine described under the Guidelines for the Administration of Medication in Naperville School District 203.

I hereby release Naperville Community Unit School District 203 and any of its agents, employees administrators or other parties (hereinafter, the "District") from any liability for any injury or harm which is suffered by _____ as a result of our District's agreement to honor this request. I agree to indemnify and hold the District harmless from any legal action or other attempts to acquire compensation, including damages and legal and medical fees, from the District whenever the District has acted in accordance with the information provided by my child's physician.

_____

PARENT/GUARDIAN SIGNATURE DATE

Reviewed 5/09