

# ASTHMA ACTION PLAN



Asthma and Allergy  
Foundation of America  
aafa.org

Name:	Date:
Doctor:	Medical Record #:
Doctor's Phone #: Day	Night/Weekend
Emergency Contact:	
Doctor's Signature:	

The colors of a traffic light will help you use your asthma medicines.



**GREEN means Go Zone!**  
Use preventive medicine.

**YELLOW means Caution Zone!**  
Add quick-relief medicine.

**RED means Danger Zone!**  
Get help from a doctor.

Personal Best Peak Flow: \_\_\_\_\_

GO		Use these daily controller medicines:			
<p><b>You have <i>all</i> of these:</b></p> <ul style="list-style-type: none"> <li>Breathing is good</li> <li>No cough or wheeze</li> <li>Sleep through the night</li> <li>Can work &amp; play</li> </ul>	<p><b>Peak flow:</b></p> <p>from _____</p> <p>to _____</p>	MEDICINE	HOW MUCH	HOW OFTEN/WHEN	
		For asthma with exercise, take:			
<p><b>CAUTION</b></p> <p><b>You have <i>any</i> of these:</b></p> <ul style="list-style-type: none"> <li>First signs of a cold</li> <li>Exposure to known trigger</li> <li>Cough</li> <li>Mild wheeze</li> <li>Tight chest</li> <li>Coughing at night</li> </ul>		<p><b>Peak flow:</b></p> <p>from _____</p> <p>to _____</p>	Continue with green zone medicine and add:		
	MEDICINE		HOW MUCH	HOW OFTEN/ WHEN	
CALL YOUR ASTHMA CARE PROVIDER.					
<p><b>DANGER</b></p> <p><b>Your asthma is getting worse fast:</b></p> <ul style="list-style-type: none"> <li>Medicine is not helping</li> <li>Breathing is hard &amp; fast</li> <li>Nose opens wide</li> <li>Trouble speaking</li> <li>Ribs show (in children)</li> </ul>		<p><b>Peak flow:</b></p> <p>reading below _____</p>	Take these medicines and call your doctor now.		
	MEDICINE		HOW MUCH	HOW OFTEN/WHEN	

**GET HELP FROM A DOCTOR NOW! Your doctor will want to see you right away. It's important!**  
**If you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT.**  
 Make an appointment with your asthma care provider within two days of an ER visit or hospitalization.

# GreatHearts Irving

## Asthma Inhalers at School

### Memorandum to Parents

Please complete the attached form and return it to the school nurse. If any changes occur during the year, please notify the nurse.

**Option# 1** The student comes to the Nurse Clinic where the inhaler is kept, and uses it under supervision. The advantage is that the medication will be used correctly, in the proper amount, and records will be kept.

**Option #2** *Qualified* students will be allowed to carry their inhalers. This provides immediate accessibility of the inhaler to the student. A spare inhaler provided by the parent can be kept in the Nurse Clinic should they forget theirs or run out.

Peak flow meter with individual mouthpieces are available.

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### CONTRACT BETWEEN STUDENT, PARENT, NURSE AND DOCTOR

#### For permission to carry inhalers:

1. Student has demonstrated to the nurse correct use of inhaler
2. Student agrees to never share the inhaler with another person.
3. Student agrees that after two puffs, if there is not marked improvement, he/she will go to see the nurse immediately.

Student signature \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to carry the inhaler described below. I understand that he/she must follow the rules listed above. I will notify the school of changes in medication or my child's condition.

NAME OF MEDICATION	DOSE	FREQUENCY OF USE
_____	_____	_____
_____	_____	_____

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's signature: \_\_\_\_\_ Date : \_\_\_\_\_

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**STUDENT ASTHMA INFORMATION SHEET**

Student name \_\_\_\_\_ Homeroom \_\_\_\_\_

Describe the type of symptoms child experiences (e.g., wheezing, coughing, tightness, other)

\_\_\_\_\_

What usually helps if an attack occurs?

\_\_\_\_\_

Medications child takes: Name, dose, frequency

\_\_\_\_\_

Side effects of medication that your child experiences:

\_\_\_\_\_

Does your child use a peak flow meter?

\_\_\_\_\_

if so, what is child's current peak flow?

\_\_\_\_\_

Additional information/instructions :

\_\_\_\_\_

\_\_\_\_\_

Number of times child has had to be taken to an emergency facility for an acute attack of asthma in the past 12 months \_\_\_\_\_

Please contact the school nurse if information or child's condition changes during the school year.

Thank you for help in providing the best care for your child.

[Nurse@GreatHeartsIrving.org](mailto:Nurse@GreatHeartsIrving.org) OR 469-759-3030 x 132109