ASTHMA ACTION PLAN for SCHOOL University Hospitals Rainbow Babies & Crildren's Student Student Photo School Grade/Rm PARENT/GUARDIAN EMERGENCY CONTACT INORMATION: Parent/Guardian-1 (name/relationship): Phone: Parent/Guardian-2 (name/relationship):____ 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) Student is PERMITTED to CARRY an inhaler and SELF-MEDICATE at school with the YES / NO: understanding that he/she is to report to the school clinic if symptoms do not improve. Signature of Prescriber____

Date

Signature of

Parent/Guardian