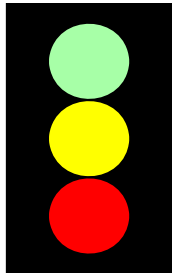


Asthma Action Plan

Ages 0 – 11 Years

Name:	Birth Date:	Date:
Parent/Guardian Phone #'s:	Provider Phone #: Fax #: (or stamp)	
Important! Things that make your asthma worse (Triggers): <input checked="" type="checkbox"/> smoke <input type="checkbox"/> pets <input type="checkbox"/> mold <input type="checkbox"/> dust <input type="checkbox"/> tree/grass/weed pollen <input type="checkbox"/> colds/viruses <input type="checkbox"/> exercise <input type="checkbox"/> seasons: other: _____		



Severity Classification: Severe Persistent Moderate Persistent Mild Persistent Intermittent

GO – You're Doing Well! USE THESE MEDICINES EVERY DAY TO PREVENT SYMPTOMS

You have **all** of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work and play



CONTROLLER MEDICINE **DIRECTIONS**

If your child usually has symptoms with exercise then give:

☺ Inhalers work better with spacers. Always use with a mask when prescribed.

Peak Flow may be useful for some kids.

CAUTION – Slow Down! Continue with Green Zone Medicine and Add:

You have **any** of these:

- First signs of a cold
- Exposure to known trigger
- Cough
- Wheeze
- Tight chest
- Coughing at night



RESCUE MEDICINE **DIRECTIONS**

- Then: Wait **20 minutes** and see if the treatment(s) helped
- If you are **GETTING WORSE** or **NOT IMPROVING** after the treatment(s) **GO TO RED ZONE**
 - If you are **BETTER**, continue treatments every 4 to 6 hours as needed for 24 to 48 hours
- Then: If you still have symptoms after 24 hours, **CALL YOUR DOCTOR** and if he/she agrees:
- Start: _____

If rescue medication is needed more than 2 times a week, call your doctor at: _____

DANGER – Get Help! TAKE THESE MEDICINES AND SEEK MEDICAL HELP NOW!

Your asthma is **getting worse fast**:

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Can't talk well
- Getting nervous



RESCUE MEDICINE **DIRECTIONS**

- Then: Wait 15 minutes and see if treatment helped
- If **GETTING WORSE** or **NOT IMPROVING**, go to the hospital or **call 911**
 - If you are getting **BETTER**, continue treatments every 4 to 6 hours and call your doctor – **say you are having an asthma attack and need to be seen TODAY!**
- Then: If your doctor agrees, start: _____

✓ Make an appointment with your primary care provider within two days of an emergency visit, hospitalization, or anytime for **ANY** problem or question with asthma

School Nurse: Call provider for control concerns or if rescue medication is used more than 2 times/week for asthma symptoms

Parents: Call your doctor for control concerns or if rescue medication is used more than 2 times/week for asthma symptoms

HEALTHCARE PROVIDER SCHOOL MEDICATION AUTHORIZATION **REQUIRED** FOR _____ as stated in accordance with CT State Law and Regulations 10-212a

Self-Administration: This student is capable to safely and properly self-administer this medication OR This student is not approved to self-administer this medication

Signature: _____ Provider Printed Name: _____ Date: _____ For use from _____ to _____

Parent/Guardian Consent: **REQUIRED**

I authorize this medication to be administered by school personnel OR I authorize the student to possess and self-administer medication.

I also authorize communication between the prescribing health care provider, the school nurse, the school medical advisor and school-based clinic providers necessary for asthma management and administration of this medication.

Parent/Guardian Signature: _____ Date: _____

*** Bring asthma meds and spacer to all visits**