

My Asthma Action Plan For Home and School

Name:	Name: DOB://					
Severity Classification: Intermittent Mild Persistent Moderate Persistent Severe Persistent Asthma Triggers (list):						
Peak Flow Meter Personal Best:						
Green Zone: Doing	Well					
Symptoms: Breathing is good – No cough or wheeze – Can work and play – Sleeps well at night Peak Flow Meter (more than 80% of personal best)						
Flu Vaccine—Date red Control Medicine(s)	Medicine	How much to ta	ake V			
Physical Activity				with all activity when you		
Yellow Zone: Caution						
Symptoms: Some problems breathing – Cough, wheeze, or tight chest – Problems working or playing – Wake at night Peak Flow Meter to (between 50% and 79% of personal best)						
Quick-relief Medicine Control Medicine(s)	Continue Green Zone me	edicines		p to 4 hours as needed		
You should feel better within 20-60 minutes of the quick-relief treatment. If you are getting worse or are in the Yellow Zone for more than 24 hours, THEN follow the instructions in the RED ZONE and call the doctor right away!						
Red Zone: Get Help Now!						
Symptoms: Lots of problems breathing – Cannot work or play – Getting worse instead of better – Medicine is not helping Peak Flow Meter (less than 50% of personal best)						
	dicine NOW!	re present: •		alking due to shortness of breath are blue		
School Staff: Follow the Yellow and Red Zone instructions for the quick-relief medicines according to asthma symptoms. The only control medicines to be administered in the school are those listed in the Green Zone with a check mark next to "Take at School". Both the Healthcare Provider and the Parent/Guardian feel that the child has demonstrated the skills to carry and self-administer their quick-relief inhaler, including when to tell an adult if symptoms do not improve after taking the medicine.						
Healthcare Provider Name	Date	Phone () 8	Signature		
Parent/Guardian I give permission for the medicines listed in the action plan to be administered in school by the nurse or other school staff as appropriate. I consent to communication between the prescribing health care provider or clinic, the school nurse, the school medical advisor and school-based health clinic providers necessary for asthma management and administration of this medicine.						
Name	Date	Phone ()	Signature		
School Nurse The student has demonstrated the skills to carry and self-administer their quick-relief inhaler, including when to tell an adult if symptoms do not improve after taking the medicine.						
Name	Date	Phone ()	Signature		

MDI, DPI vs. Neb Inhalation Technique

Proper inhalation technique is important when using these medications.

Scan the QR Code to Access How-To Videos



Resources for Asthma

Asthma Care Quick Reference

https://www.nhlbi.nih.gov/files/docs/guidelines/asthma_grg.pdf

 American Lung Association www.lung.org/asthma

How to use your inhaler and spacer

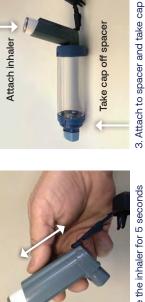
Attach inhaler



1. Take the cap off the inhaler







Take cap off spacer

2. Shake the inhaler for 5 seconds



6. Press down here

5. Close lips around mouthpiece



Breathe **OUT** all the way

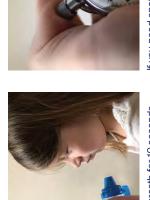


8. Hold your breath for 10 seconds

7. Breathe in SLOWLY, DEEPLY



if you can. Then breathe out slowly.



If you need another puff of medicine, wait 1 minute then repeat steps 5-9.



9. Rinse with water and SPIT OUT

handouts, tutorials and resources, For more asthma videos, visit Lung.org/asthma.

Lung Association's Lung HelpLine respiratory therapist for one-onone, free support the American You can also connect with a at 1-800-LUNGUSA.

