

Asthma Action Plan Greeneville City Schools

Name: _____	Birth Date: _____	Date: _____
Parent Guardian Name: _____	Physician: _____	
Home Phone: _____		
Cell Phone: _____		
Work Phone: _____		

Quick-Relief Medicine	Dosage	Frequency	Other Instructions
____ Albuterol (ProAir, Ventolin, Proventil)	____ 2 puffs		If student is requiring rescue medication more than _____ times per week—call physician
____ Levalbuterol (Xopenex)	____ 4 puffs		
	____ 1 nebulizer treatment		

Green Zone GO – You’re Doing Well! Use these medicines every day to prevent symptoms

<p>Student has <u>all</u> of these:</p> <ul style="list-style-type: none"> Breathing is good No cough or wheeze Sleep through the night Can work and play <p style="text-align: center;">OR</p> <p>Peak Flow more than _____ (80 % or more of my best peak flow)</p> <p>Peak flow may be useful for some kids</p>	<p>List Regular Daily Asthma Medications and Directions</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>Before exercise, take _____ puff(s) of _____</p>
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Yellow Zone CAUTION—Slow Down! Continue with Green Zone Medicine and Add:

<p>Student has <u>any</u> of these:</p> <ul style="list-style-type: none"> Shortness of Breath Exposure to known trigger Cough Wheeze Tight Chest Coughing at night Can do some, but not all, usual activities <p style="text-align: center;">OR</p> <p>Peak Flow: _____ to _____ (50 to 79 % of my best peak flow)</p>	<p>CAUTION: Continue taking every day controller medications, AND</p> <p>_____ Take _____ puffs or _____ nebulizer treatment of quick relief medicine. If not back in the Green Zone within 20-30 minutes take _____ more puffs or nebulizer treatments. If not back in the Green Zone within one hour, then I should:</p> <p>_____ Increase: _____</p> <p>_____ Add: _____</p> <p>_____ Call: _____</p> <p>_____ Continue using quick relief medicine every 4 hours as needed. Call provider if not improving in _____ days.</p>
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Red Zone DANGER –Get Help! Take these medicines and SEEK MEDICAL HELP NOW!

<p>Medical Alert</p> <p>Student has <u>any</u> of these symptoms</p> <ul style="list-style-type: none"> Medicine is not helping Breathing is hard and fast Can’t talk well Lips or fingernails are blue Retracted breathing <p style="text-align: center;">OR</p> <p>Peak Flow: _____ to _____ (50% or less of best peak flow)</p>	<p>_____ Take quick relief medicine: _____ puffs every _____ and get help Immediately.</p> <p>_____ Take _____</p> <p>_____ Call _____</p> <p style="color: red;">Danger! Call 911 if trouble walking or talking due to shortness of breath or if lips or fingernails are gray or blue. For child, call 911 if skin is sucked in around neck and ribs during breaths or child doesn’t respond normally.</p>
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HealthCare Provider: My signature provides authorization for the above written orders. I understand that all procedures will be implemented in accordance with state laws and regulations. (This authorization is good for a maximum of one year from signature date.)

HealthCare Provider Signature: _____ **Date:** _____