

**EDINBURG CONSOLIDATED INDEPENDENT SCHOOL DISTRICT**

411 N. 8<sup>th</sup> Ave. Edinburg, TX 78539

SCHOOL YEAR 20\_\_\_\_-20\_\_\_\_\_

**ASTHMA ACTION PLAN**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

Health Care Provider #: \_\_\_\_\_ Fax: \_\_\_\_\_ Emergency #: 911 OR \_\_\_\_\_

**DIAGNOSIS: Asthma Severity (Select one):**  Intermittent;  Exercise Induced Asthma/Bronchoconstriction

Persistent:  Mild;  Moderate;  Severe

**RESCUE MEDICATION:**  Proventil HFA;  Ventolin HFA;  Xopenex HFA;  ProAir HFA;  ProAir RespiClick;  Nebulizer

**PREVENTATIVE MEDICATION (taken at home):** \_\_\_\_\_  Inhaler  Diskus  
# \_\_\_\_\_ Inhalations/Puffs \_\_\_\_\_ times a day; Other: \_\_\_\_\_

**What triggers my asthma:**  Smoke  Mold  Tree/Grass/Weed Pollen  Cold/Virus  Exercise  Seasons  Other: \_\_\_\_\_

GREEN ZONE: DOING WELL	YELLOW ZONE: ASTHMA GETTING WORSE	RED ZONE: MEDICAL ALERT
<p>If no cough, wheeze, chest tightness or shortness of breath during the day/night and can do usual activities, <b>then:</b></p> <p><b>Take as Needed before exercise:</b> 2 puffs of Rescue Medication 5-15 mins before exercise</p> 	<p>If cough, wheeze, chest tightness or shortness of breath; waking at night due to asthma; or can do some but not all usual activities, <b>then:</b></p> <p><b>TAKE</b> rescue inhaler dose 2-4 puffs every 20 mins for up to 1 hour as needed for cough, wheeze, shortness of breath or chest tightness.</p> <p align="center"><i>or:</i></p> <p><i>Nebulizer</i>, once or up to every 20 mins for up to 1 hour for cough, wheeze, shortness of breath or chest tightness.</p> <p><b>Call the healthcare Provider within 24 hours if asthma symptoms do not improve</b></p> <p><b>IF AT SCHOOL:</b> Return student to classroom if stable &amp; symptoms return to green zone and continue monitoring to be sure student remains in <b>GREEN ZONE</b></p> <p>Or if symptoms do not return to <b>GREEN ZONE</b> after 1 hour of treatment: <b>TAKE:</b> Rescue Inhaler 2-4 puffs and <b>CALL</b> parent and health care provider.</p>	<p><b>IF ONE OR MORE OF THE FOLLOWING ARE PRESENT:</b></p> <ul style="list-style-type: none"> <li>• Coughing, wheezing, shortness of breath, not helped with medications</li> <li>• Hard time breathing with chest and neck pulled in with breathing: Child is hunched over</li> <li>• Trouble walking or talking due to shortness of breath</li> <li>• Stops playing and cannot start activity again</li> <li>• Lips or fingernails are grey or blue <b>then:</b></li> </ul> <p><b>TAKE RESCUE INHALER 4-6 inhalations or nebulizer. Call 911, parent and healthcare provider. Repeat the dose if not improved in 15-20 mins.</b></p> 

**(Circle one)** Patient   MAY  /  MAY NOT   be allowed to carry and self-administer rescue inhaler.

I authorize health information sharing on my child with relevant school officials and healthcare providers.

Autorizo a la información de salud compartiendo en mi hijo/hija con las autoridades escolares competentes y profesionales de la salud.

**Parent/Guardian Signature**

X \_\_\_\_\_

**Provider Signature**

X \_\_\_\_\_

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