ASTHMA ACTION PLAN

School District 622
NORTH ST. PAUL | MAPLEWOOD | OAKDALE
Ready for tomorrow

MoundsPark ACADEMY

Name: ______________________________ **DOB:** ____________________

Asthma Severity	Allergies:		Other Triggers:		
☐ Intermittent	☐ Dust mites	☐ Animals	☐ Viral	☐ Weather	☐ Avoid asthma trigger(s)
☐ Mild persistent	☐ Mold	☐ Pollen	☐ Exercise	☐ Smoke	☐ No smoking in home or car
☐ Moderate persistent	Other:		Other:		☐ Inhaler technique reviewed
☐ Severe persistent	☐ Food allergies:				☐ Flu shot in Fall
	☐ Medication allergies:				

Green Zone: I feel good

Take ***CONTROLLER MEDICINE*** every day to control your asthma – this may include allergy medicine.

- Can work and play
- Can sleep at night
- No cough or wheeze

Peak Flow ________to ________
(80%-100% of Personal Best)

Medication	Dose			How Often
☐ **Asmanex** (mometasone)	☐ 110 mcg	☐ 220 mcg		___puff(s) ___ time(s) per day
☐ **Flovent** (fluticasone)	☐ 44 mcg	☐ 110 mcg	☐ 220 mcg	___puff(s) ___ time(s) per day
☐ **Pulmicort Respules** (budesonide)	☐ 0.25 mg	☐ 0.5 mg	☐ 1 mg	___ time(s) per day
☐ **Pulmicort Flexhaler** (budesonide)	☐ 90 mcg	☐ 180 mcg		___puff(s) ___ time(s) per day
☐ **QVAR** (beclomethasone)	☐ 40 mcg	☐ 80 mcg		___puff(s) ___ time(s) per day
☐ **Advair Diskus** (fluticasone/salmeterol)	☐ 100/50	☐ 250/50	☐ 500/50	1 puff twice daily
☐ **Advair HFA** (fluticasone/salmeterol)	☐ 45/21	☐ 115/21	☐ 230/21	2 puffs 2 times per day
☐ **Dulera** (mometasone/formoterol)	☐ 100 mcg	☐ 200 mcg		2 puffs 2 times per day
☐ **Symbicort** (budesonide/formoterol)	☐ 80/4.5	☐ 160/4.5		2 puffs 2 times per day
☐ **Singulair** (montelukast)	☐ 4 mg	☐ 5 mg	☐ 10 mg	daily

☐ **Albuterol** ☐ **Xopenex** (levalbuterol) 2 puffs 10-20 minutes before exercise and prior to exposure to triggers.

Additional orders:

Yellow Zone: I do not feel good

Keep taking Green Zone ***CONTROLLER MEDICINES***. Take the following **RELIEVER MEDICINES** to keep asthma from getting worse.

- At first sign of cold with cough
- Wake up at night with cough
- Wheeze, tight chest, or trouble breathing

Peak Flow ______to______
(50%-79% of Personal Best)

Medication	Dose			How often
☐ Albuterol Nebulizer	☐ 2.5 mg in 3 ml NS (premixed vial)			Every 4 hours
☐ Albuterol Inhaler	☐ 2 puffs			Every 4 hours
☐ Xopenex Nebulizer	☐ 0.31 mg	☐ 0.63 mg	☐ 1.25 mg	Every 4 hours
☐ Xopenex Inhaler	☐ 2 puffs			Every 4 hours

Additional orders:

Call or be seen if symptoms/peak flow are not improving after first 48 hours in the yellow zone, or if reliever medicine does not last 4 hours.

Red Zone: I feel awful

Take these medicines NOW and call your health care provider. KEEP TAKING the GREEN and YELLOW ZONE MEDICINES.

- Getting worse and meds not helping
- Breathing is hard and fast
- Coughs continuously

Peak Flow less than_________
(less than 50% of Personal Best)

Medication	Dose			How often
☐ Prednisone	______mg			___tablet(s) ___ time(s) daily for 5 days
☐ Prednisolone Syrup	☐ 5 mg/5ml	☐ 15 mg/5ml		___ml ___ times(s) daily for 5 days
☐ Orapred disintegrating tablet(s)	☐ 10 mg	☐ 15 mg	☐ 30 mg	___tablet(s) ___ time(s) daily for 5 days

Increase above noted dose ☐ Albuterol ☐ Xopenex to every ________ hour(s)

Additional orders:

If breathing does not improve and you cannot immediately contact your health care provider, go to the emergency room.

Call 911 if:
- you can't talk in full sentences
- you can't get air
- fingernails or lips are grey or blue
- you are worried about getting through the next 30 minutes

Return to Clinic in: __________**days** __________**weeks** __________**months** __________**year**

This form provides consent for school/day care to administer to my child the above medicine(s) as provided by parent or guardian and allows the child to carry the inhaler for which the provider has assessed ability and if approved by the school nurse. Plan given and reviewed with patient and/or parent.

______________________________ | ______________
Parent/Guardian signature | Date

______________________________ | ______________ | ______________
Health Care Provider signature | Date | Clinic phone number

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You can control your asthma

Avoid your asthma triggers and develop a plan for treatment

When you have asthma symptoms, your airways are:
- swollen
- full of mucous
- smaller due to tight muscles

Symptoms:
- cough, often worse at night
- wheeze
- tight chest
- difficulty breathing
- problems exercising

Action Plan: Based on symptoms and peak flow, follow the steps in your action plan.

Medication:
- take controller medicine every day even when you feel good
- take reliever medicine(s) with symptoms

Environment:
- know your asthma triggers
- reduce asthma triggers in your home
- create a smoke-free environment

Asthma Goals:
- no cough or wheeze
- be active
- sleep all night
- schedule regular asthma check ups

Contacts

Call 911 (Rescue squad: ______________________) Doctor:______________________ Phone: ______________

Parent/Guardian: ____ Phone: ______________

Other Emergency Contacts

Name/Relationship:____ Phone:______________

Name/Relationship:____ Phone:______________

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