Asthma Action Plan for Home & School

	Birthdate: rsistent □ Moderate Persistent □ Severe Persistent r severe asthma attacks/exacerbations
Green Zone Have the child take these	e medicines every day, even when the child feels well.
Controller Medicine(s) Given in School: Rescue Medicine: Albuterol/Levalbuterol	puffs every four hours as needed puffs 15 minutes before activity as needed
Yellow Zone Begin the sick treatment child take all of these me	plan if the child has a cough, wheeze, shortness of breath, or tight chest. Have the edicines when sick.
□ Add: Change:	
Red Zone If breathing is hard and	fast, ribs sticking out, trouble walking, talking, or sleeping. Get Help Now
Take rescue medicine(s) now Rescue Medicine: Albuterol/Levalbuterol Take:	puffs every
	the child is not better right away, call 911 If the doctor any time the child is in the red zone.
Asthma Triggers: (List)	
School Staff: Follow the Yellow and Red Zone plans fo Unless otherwise noted, the only controllers to be admi	r rescue medicines according to asthma symptoms. nistered in school are those listed as "given in school" in the Green Zone.
☐ Both the asthma provider and the parent feel that the ☐ School nurse agrees with student self-administering t	
Asthma Provider Printed Name and Contact Informatio	n: Asthma Provider Signature: Date:
members as appropriate. I consent to communication be	nedications listed in the action plan to be administered in school by the nurse or other school petween the prescribing health care provider/clinic, the school nurse, the school medical advisor, asthma management and administration of this medication.
Parent/guardian Signature:	School Nurse Reviewed:
Date:	Date: