

Asthma Action Plan for St. James School for Little Folks

Valid for 6-months from _____ to _____

Name of Student: _____ Date of Birth: _____
Doctor: _____ Phone #: _____ Date: _____

Green Zone: Doing Well

- No cough, wheeze, chest tightness, or shortness of breath during the day or night
- Can do usual activities

No medication needed during school hours

- Cough, wheeze, chest tightness, or shortness of breath, or
- Waking from sleep due to coughing, or
- Can do some, but not all, usual activities

Administer Emergency medicine

Name of your short-acting medication: _____

When and how to take your short-acting medication:

- Use Inhaler (Yes/No) Number of puffs (2 or 4) take every ____
 - Use Nebulizer (Yes/No) Number of amples (1 or 2)take every ____
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Red Zone: Medical Alert!

- Very short of breath, or
- Quick-relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone

-Or-

Take this medicine: _____ **Then call parent or doctor NOW.**

Go to the hospital or call an ambulance if:

- You are still in the red zone after 15 minutes AND
- You have not reached your doctor.
- Trouble walking and talking due to shortness of breath
- Lips or fingernails are blue

I give permission for my child to receive the medications listed above and to speak with my child's prescribing physician.

Doctor's Signature: _____ Parent Signature: _____