

## Life Schools Asthma Action Plan

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Cell: \_\_\_\_\_ Other number: \_\_\_\_\_  
 Physician: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Medication Allergies: \_\_\_\_\_

### TO BE COMPLETED BY PHYSICIAN

Check all items that trigger or make your asthma worse:

- ☐colds    ☐smoke    ☐pollen    ☐dust    ☐animals: \_\_\_\_\_  
☐strong odors    ☐mold/moisture    ☐pests    ☐exercise  
☐stress/emotions    ☐gastroesophageal reflux    ☐Other: \_\_\_\_\_  
☐Season: fall winter spring summer (circle)  
☐Foods: (list) \_\_\_\_\_

#### Asthma Severity:

- ☐Intermittent or persistent  
☐mild    ☐moderate    ☐severe

#### Asthma Control:

- ☐well-controlled  
☐needs better control

### GREEN ZONE: Go! Take these Prevention Medications every day

Peak flow in this area:  
 \_\_\_\_\_ to \_\_\_\_\_  
 (more than 80% of personal best)

Predicted or Personal best  
 Peak flow: \_\_\_\_\_  
 Date: \_\_\_\_\_

☐No control medicines required

☐List control medication:

Medication	Dose/Route	Frequency/Time

Exercise pretreatment:

- ☐\_\_\_\_\_ 5-15 minutes before exercise  
☐If symptoms recur with exercise, may repeat \_\_\_\_ puff(s), or \_\_\_\_\_  
☐Measure Peak Flow prior to recess/PE: restrict aerobic activity if peak flow is below \_\_\_\_%

### YELLOW ZONE: CAUTION! Continue CONTROL medicines and ADD rescue medicines

Peak flow in this area:  
 \_\_\_\_\_ to \_\_\_\_\_  
 (50%-80% of personal best)

- First sign of a cold
- Cough or mild wheeze
- Tight chest
- Activity intolerance

- ☐\_\_\_\_\_, \_\_\_\_\_puff(s) MDI every \_\_\_\_\_hours as needed  
 OR  
☐\_\_\_\_\_, \_\_\_\_\_via nebulizer every \_\_\_\_\_hours as needed  
☐OTHER \_\_\_\_\_

### RED ZONE: EMERGENCY! Continue CONTROL & RESCUE medicine and GET HELP

Peak flow in this area:  
 \_\_\_\_\_ to \_\_\_\_\_  
 (less than 50% personal best)

- Can't talk, eat or walk well
- Medicine is not helping
- Breathing hard and fast
- Blue lips & fingernails
- Tired or lethargic
- Ribs show (retractions)

- ☐\_\_\_\_\_, \_\_\_\_\_puff(s) MDI. May repeat every \_\_\_\_\_minutes  
 OR  
☐\_\_\_\_\_, \_\_\_\_\_via nebulizer for \_\_\_\_\_(number) of treatments  
☐Other: \_\_\_\_\_

**CALL 911 IF STUDENT DOES NOT IMPROVE QUICKLY!**

#### Student Self-Administration

Texas law permits students to carry & use prescription asthma medications at school after demonstrating to the student's healthcare provider and school nurse the skill level necessary to self-administer (ED §38.015)

☐This student has been instructed in the proper use of his/her asthma medications, and in my opinion, the student can carry and use his/her inhaler at school.

☐Student is to notify his/her designated school health officials after using inhaler at school.

☐Student needs supervision or assistance, and should **NOT** carry his/her inhaler at school.