GRACE COVENANT ACADEMY

2023-2024 Asthma Action Plan

Parents should complete this form and return to the Health Room by the first day of school.

Student Name:

Last _____ First _____ Middle _____ Grade____ Date of Birth _____

Parent/Guardian Name _____ Telephone _____ Cell _____

Other Emergency Contact _____ Telephone _____ Cell _____

Treating Physician _____ Telephone _____

CHILD'S TRIGGERS *(check all that apply to your child)*

_____ Respiratory infections or flu
_____ Mold
_____ Pollen
_____ Dust, dust mites
_____ Weather/temperature changes
_____ Indoor pets
_____ Exercise
_____ Strong odors or sprays
_____ Indoor/outdoor pollution
_____ Household cleaners
_____ Strong emotion
_____ Cockroaches
_____ Smoke
_____ Other allergies: _____

Flu Shot: _____ Yes (If yes, date _____/_____/_____) _____ No

Student will self carry inhaler. (Please provide one for health room.) _____ Yes _____ No

GREEN ZONE - ALL CLEAR - GO!

ASTHMA IS WELL CONTROLLED

You should have:

- No wheezing
- No coughing
- No chest tightness
- No waking up at night because of asthma
- No problems with play because of asthma
- Peak flow number from _____ to _____.

USE CONTROLLER MEDICINES

_____ No controller medicine needed at this time.

MEDICINE	METHOD	HOW MUCH	HOW OFTEN
			times per day
			times per day

15 minutes before exercise use _____puffs (inhaled) _____. * Rinse child's mouth after using inhaled steroids (dailly/controller medicines).

YELLOW ZONE - CAUTION - TAKE ACTION!

ASTHMA GETTING WORSE

You should have:

- Wheezing
- Coughing
- Chest tightness
- First signs of a cold
- Coughing at night
- Peak flow number from _____ to _____.

TAKE QUICK RELIEF MEDICINE

Continue to use green zone daily medicine and add

MEDICINE	METHOD	HOW MUCH	HOW OFTEN
Albuterol/Xopenex	Inhaled	____ puffs or ____ vial	Every ____ hours prn

____ May repeat after 20 minutes x 1 (indicate with check)

Also take:

MEDICINE	METHOD	HOW MUCH	HOW OFTEN

If yellow zone symptoms for 24-hours or child needs extra rescue medicine more than two times per week, call your child's doctor.

RED ZONE - STOP - GET HELP NOW!

You may have:

- Quick relief medicine that is not helping
- Wheezing that is worse
- Faster breathing
- Blue lips or mail beds
- Trouble walking or talking
- Chest and neck pulled in with each breath
- Or peak flow less than _____

TAKE QUICK RELIEF MEDICINE

THIS IS AN EMERGENCY!

Continue to use green zone medicines and do the following:
Use _____ puffs or 1 vial Albuterol/Xopenex inhaled every 20 minutes for a total of _____closes.

CALL DOCTOR NOW! If you cannot reach doctor, **Call 911** or go directly to the **EMERGENCY ROOM! DO NOT WAIT!**

Physician Signature: _____ Date _____ Parent Signature: _____ Date _____

School Nurse Use Only: Student carries inhaler. Yes/No Inhaler in the Health Room. Yes/No Inhaler in classroom. Yes/No