Virginia Asthma Action Plan

School Division:

Name

Health Care Provider  Provider’s Phone #  Fax #

Parent/Guardian  Parent/Guardian Phone

Additional Emergency Contact  Contact Phone

Asthma Triggers (Things that make your asthma worse)

- Colds
- Smoke (tobacco, incense)
- Pollen
- Dust
- Acid reflux
- Exercise
- Animals:
- Pests (rodents, cockroaches)
- Other:
- Strong odors
- Mold/moisture
- Fall  Spring
- Stress/Emotions
- Winter  Summer

Medical provider complete from here down

Asthma Severity:  [ ] intermittent or  [ ] Persistent :  [ ] Mild  [ ] Moderate  [ ] Severe

Green Zone: Go!
You have ALL of these:
- Breathing is easy
- No cough or wheeze
- Can work and play
- Can sleep all night

Peak flow: ______ to ______
(More than 80% of Personal Best)
Personal best peak flow:

Take these CONTROL (PREVENTION) Medicines EVERY Day
Always rinse your mouth after using your inhaler and remember to use a spacer with your MDI.

- No control medicines required.
- Albuterol  Advair  Alvesco  Asmanex  Budesonide
- Dulera  Flovent  Pulmicort  QVAR  Symbicort
- Other: ______

______ puff(s) MDI ______ times a day Or ______ nebulizer treatment(s) ______ times a day

- (Montelukast) Singular, take ______ by mouth once daily at bedtime

For asthma with exercise, ADD:  [ ] Albuterol  [ ] Xopenex  [ ] Ipratropium MDI, 2 puffs with spacer 15 minutes before exercise (i.e., PE class, recess, sports)

Yellow Zone: Caution!
You have ANY of these:
- Cough or mild wheeze
- First sign of cold
- Tight chest
- Problems sleeping, working, or playing

Peak flow: ______ to ______
(60% - 80% of Personal Best)

Continue CONTROL Medicines and ADD RESCUE Medicines
- Albuterol  Levalbuterol (Xopenex)  Ipratropium (Atrovent), MDI, ______ puffs with spacer every ______ hours as needed
- Albuterol 2.5 mg/3ml  Levalbuterol (Xopenex)  Ipratropium (Atrovent) 2.5mg/3ml
  one nebulizer treatment every ______ hours as needed
- Other: ______

Call your Healthcare Provider if you need rescue medicine for more than 24 hours or two times a week, or if your rescue medicine doesn’t work.

Red Zone: DANGER!
You have ANY of these:
- Can’t talk, eat, or walk well
- Medicine is not helping
- Breathing hard and fast
- Blue lips and fingernails
- Tired or lethargic
- Ribs show

Peak flow: < ______
(less than 60% of Personal Best)

Continue CONTROL & RESCUE Medicines and GET HELP!
- Albuterol  Levalbuterol (Xopenex)  Ipratropium (Atrovent), MDI, ______ puffs with spacer every 15 minutes, for THREE treatments.
- Albuterol 2.5 mg/3ml  Levalbuterol (Xopenex)  Ipratropium (Atrovent) 2.5mg/3ml
  one nebulizer treatment every 15 minutes, for THREE treatments
- Other: ______

Call your doctor while administering the treatments.

IF YOU CANNOT CONTACT YOUR DOCTOR:
Call 911 or go directly to the Emergency Department NOW!

Required Signatures:
I give permission for school personnel to follow this plan, administer medication and care for my child and contact my provider if necessary. I assume full responsibility for providing the school with prescribed medication and delivery monitoring devices. I approve this Asthma Management Plan for my child.

Parent/Guardian: ______ Date: ______

School Nurse/Designee: ______ Date: ______

Other: ______ Date: ______

CC: [ ] Principal  [ ] Cafeteria Mgr  [ ] Bus Driver/Transportation  [ ] School Staff
[ ] Coach/PE  [ ] Office Staff  [ ] Parent/Guardian

School Medication Consent & Health Care Provider Order
Check One:
[ ] Student, in my opinion, can carry and self-administer inhaler at school.
[ ] Student needs supervision or assistance to use inhaler, and should not carry the inhaler in school

MO/NP/PA Signature: ______ Date: ______

Effective Dates: ______ to ______

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Virginia Asthma Action Plan approved by the Virginia Asthma Coalition (VAC) 2015