

ASTHMA ACTION PLAN (AAP)

Student:	Grade/Teacher:
Parent/ Guardian:	TEL:
Health Care Provider:	TEL:

Asthma Severity: Intermittent Mild Persistent Moderate Persistent Severe Persistent

1. Green Zone	<p>Take <u>controller medicine</u> every day (this may include allergy medicine.)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Medicine</th> <th style="width: 33%;">How Much</th> <th style="width: 33%;">When to Take</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Medicine	How Much	When to Take									
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<ul style="list-style-type: none"> ➤ Breathing is easy ➤ Can work and play ➤ Can sleep at night ➤ No cough or wheeze <p style="text-align: center; font-size: 2em; font-weight: bold;">GO!</p> <p>Peak Flow Range: _____ to _____ <i>(80% - 100% of Personal Best/Predicted)</i></p> <p>Height: _____</p>	<p>Pre-Exercise Medication: 10 - 20 min. before activity as needed:</p> <p>_____</p>												

2. Yellow Zone	<p>Keep taking Green Zone <u>controller medicines</u>.</p> <p>Take the following reliever medicines to keep asthma from getting worse.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Medicine</th> <th style="width: 33%;">How Much</th> <th style="width: 33%;">When to Take</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Medicine	How Much	When to Take									
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<ul style="list-style-type: none"> ➤ Cold or runny nose ➤ Coughs during day ➤ Wheeze or tight chest ➤ Wake up at Night with cough <p style="text-align: center; font-size: 2em; font-weight: bold;">Slow Down</p> <p>Peak Flow Range: _____ to _____ <i>(50% - 79% of Personal Best/Predicted)</i></p>	<p>Call health care provider if reliever medicine does not last 4 hours, if you are in the Yellow Zone more than 48 hours, or if you need to start reliever medicines more than 2 times per week.</p>												

3. Red Zone	<p>Take these medicines <u>NOW</u> and call your health care provider.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Medicine</th> <th style="width: 33%;">How Much</th> <th style="width: 33%;">When to Take</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Medicine	How Much	When to Take									
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<ul style="list-style-type: none"> ➤ Medicine is not helping ➤ Breathing is hard and fast ➤ Can't talk well ➤ Ribs show ➤ Getting worse ➤ Coughs continuously <p style="text-align: center; font-size: 2em; font-weight: bold;">STOP!</p> <p>Peak Flow Range: _____ to _____ <i>(Less than 50% of Personal Best/Predicted)</i></p>	<p>If breathing does not improve and you cannot contact your health care provider, go to the emergency room.</p>												

<p>Call 9-1-1 if:</p>	<ul style="list-style-type: none"> ➤ Difficulty walking, talking, or drinking ➤ Fingernails or lips are grey or blue 	<ul style="list-style-type: none"> ➤ You cannot get air ➤ You are worried about getting through the next 20 min.
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This form provides authorization from the health care provider to administer above medicine as provided by parent/guardian. Student may carry reliever medicines after approval by the Health Office.

Health Care Provider Signature/Date	Parent Signature/Date:
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