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**Clear Form**

Virginia Asthma Action Plan

***School: Effective Dates:***

|  |  |
| --- | --- |
| **Name** | **Date of Birth** |
| **Health Care Provider**  | **Emergency Contact**  | **Emergency Contact**  |
| **P rov ider Ph on e #** | **P hone: area code + n u mber** | **P h on e: area code + n u mber**  |
| **Fax #** | **Con tact by text?**  **YES**  **NO**  | **Con tact by text?**  **YES**  **NO**  |
| **** **Medical provider complete from here down ** |
| **Asthma Triggers (Things that make your asthma** |
|  Colds  Dust  Animals:  Smoke (tobacco, incense)  Acid reflux  Pests (rodents, cockroaches) Pollen  Exercise  Other:  |  Strong odors Mold/moisture Stress/Emotions | **Season** Fall  Spring Winter  Summer |
| **Asthma Severity:**  Intermittent Persistent:  Mild  Moderate  Severe |
| **Green Zone: Go! Take these CONTROL Medicines every day at home** |
| 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)**P ers on al best peak flow:** | **Always rinse your mouth after using your inhaler. Remember to use a spacer with your MDI when possible.**  No control medicines Advair ,  Alvesco ,  Arnuity ,  Asmanex  Breo ,  Budesonide ,  Dulera ,  Flovent ,  Pulmicort  QVAR Redihaler ,  Symbicort ,  Other: **MDI**: puff (s) times per day or **Nebulizer Treatment:** times per day Singulair/Montelukast take mg by mouth once daily |
| **For Asthma with exercise/sports add**: MDI w/spacer 2 puffs, 15 minutes prior to exercise: Albuterol  Xopenex  Ipratopium *If asymptomatic not < than every 6 hours* |
|  |
| **Yellow Zone: Caution!** | **Continue CONTROL Medicines and ADD RESCUE Medicines** |
| 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) |  Albuterol  Levalbuterol (Xopenex)  Ipratropium (Atrovent)**MDI:** puffs with spacer every hours as needed Albuterol 2.5 mg/3m1  Levalbuterol (Xopenex)  Ipratropium (Atrovent) 2.5mg/3m1**Nebulizer Treatment:** one treatment every \_ Hours as needed***Call your Healthcare Provider if you need rescue medicine for more than 24 hours or two times a week or if your rescue medicine does not work.*** |
| **Red Zone: DANGER! Continue CONTROL & RESCUE Medicines and GET HELP!** |
| 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) |  Albuterol  Levalbuterol (Xopenex)  Ipratropium (Atrovent)**MDI:** puffs with spacer **every 15 minutes,** for **THREE treatments** Albuterol 2.5 mg/3m1  Levalbuterol (Xopenex)  Ipratropium (Atrovent)**Nebulizer Treatment**: one nebulizer treatment **every 15 minutes,** for **THREE** treatments**Call 911 or go directly to the Emergency Department NOW!** |
| 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.With HCP authorization & parent consent inhaler will be located in  clinic or  with student (self-carry)**PARENT/Guardian \_ Date**  |  | **SCHOOL MEDICATION CONSENT & HEALTH CARE PROVIDER ORDER** |
| **CHECK ALL THAT APPLY** **Student may carry and self-administer inhaler at school.** **Student needs supervision/assistance & should not carry the inhaler in school.****MD/NP/PASIGNATURE: DATE**  |

**CC:**  **Principal**

 Office Staff

 Parent/guardian

 School Staff

 School Nurse or clinic

 Cafeteria Mgr

 Bus Driver Transportation

 **Coach/PE**

**Virginia Asthma Action Plan approved by the Virginia Asthma Coalition (VAC) 03/2019**

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