

- Business, Education, Technology Academy
 Rising Scholars Academy of South Texas
 South Texas Academy for Medical Professions
 The Science Academy of South Texas
 South Texas Preparatory Academy
 South Texas High School for Health Professions

ASTHMA ACTION PLAN

School Year: _____

Student Name: _____ DOB: _____ Parent/Guardian Name: _____ Phone: _____



DIAGNOSIS: Asthma Severity (Select one): Intermittent; Exercise Induced Asthma/Bronchoconstriction
 Persistent: Mild; Moderate; Severe

RESCUE MEDICATION: Proventil HFA; Ventolin HFA; Xopenex HFA; ProAir HFA; ProAir RespiClick; Nebulizer

PREVENTATIVE MEDICATION (taken at home): _____ Inhaler Diskus

_____ Inhalations/Puffs _____ times a day; Other: _____

What triggers my asthma: Smoke Mold Tree/Grass/Weed Pollen Cold/Virus Exercise Seasons Other: _____

GREEN ZONE: DOING WELL	YELLOW ZONE: ASTHMA GETTING WORSE	RED ZONE: MEDICAL ALERT
<p>If no cough, wheeze, chest tightness or shortness of breath during the day/night and can do usual activities, then:</p> <p>Take as Needed before exercise: 2 puffs of Rescue Medication 5-15 mins before exercise</p> <div style="text-align: center;">  </div>	<p>If cough, wheeze, chest tightness or shortness of breath; waking at night due to asthma; or can do some but not all usual activities, then:</p> <p>TAKE rescue inhaler dose 2-4 puffs every 20 mins for up to 1 hour as needed for cough, wheeze, shortness of breath or chest tightness.</p> <p style="text-align: center;"><i>or:</i></p> <p><i>Nebulizer</i>, once or up to every 20 mins for up to 1 hour for cough, wheeze, shortness of breath or chest tightness.</p> <p>Parents can call the healthcare Provider within 24 hours if asthma symptoms do not improve</p> <p>IF AT SCHOOL: Return student to classroom if stable & symptoms return to green zone and continue monitoring to be sure student remains in GREEN ZONE</p> <p>Or if symptoms do not return to GREEN ZONE after 1 hour of treatment: TAKE: Rescue Inhaler 2-4 puffs and CALL parent.</p>	<p>IF ONE OR MORE OF THE FOLLOWING ARE PRESENT:</p> <ul style="list-style-type: none"> • Coughing, wheezing, shortness of breath, not helped with medications • Hard time breathing with chest and neck pulled in with breathing; Child is hunched over • Trouble walking or talking due to shortness of breath • Stops playing and cannot start activity again • Lips or fingernails are grey or blue <p>then: TAKE RESCUE INHALER 4-6 inhalations or nebulizer. Call parent and/or 911. Repeat the dose if not improved in 15-20 mins.</p> <div style="text-align: center;">  </div>

Health Care Provider: _____ **Phone #:** _____ **Fax #:** _____

(Circle one) Patient MAY / MAY NOT be allowed to carry and self-administer rescue inhaler.

I authorize health information sharing on my child with relevant school officials and healthcare providers.

Autorizo que la información de salud de mi hijo/hija sea compartida con las autoridades escolares competentes y profesionales de la salud.

Provider Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

X _____

X _____

updated 1/12/17 vrg

Mailed; To Parent; To Student on _____

Received by Nurse on _____