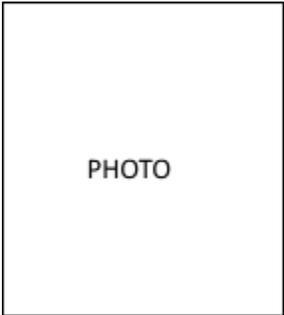


MY ASTHMA PLAN



Student Name: _____ DOB: _____

Provider's Name/Phone: _____

Parents' Name(s)/Phone: _____

Date/Signature Clinic Aide or RN/: _____

Controller Medications (given at home)	How Much to Take	How Often	Other Instructions
		__ times/day EVERY DAY	<input type="checkbox"/> Gargle or rinse mouth after use
		__ times/day EVERY DAY	
Rescue Medications	How Much to Take	How Often	Other Instructions
	<input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs <input type="checkbox"/> 1 nebulizer treatment	Take ONLY as needed (see below – starting in Yellow Zone or before exercise)	NOTE: If you need this medication more than 2 days/wk, call physician to consider increasing controller medications + discuss treatment plan.

Special Instructions when I am doing well getting worse having a medical alert:

<p>GREEN ZONE -- Doing well:</p> <ul style="list-style-type: none"> - No cough, wheeze, chest tightness, or shortness of breath during the day or night - Can do usual activities 	<p>PREVENT asthma symptoms every day:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Take my controller medications every day <input type="checkbox"/> Before exercise, take __ puff(s) of _____ <input type="checkbox"/> Avoid triggers: _____
<p>YELLOW ZONE -- Getting worse:</p> <ul style="list-style-type: none"> - Cough, wheeze, chest tightness, shortness of breath - Waking at night due to asthma symptoms - Can do some, but not all activities - First signs of a cold (check with parents) - Exposure to known trigger 	<p>CAUTION. Continue taking daily controller medications AND:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Take __ puffs OR <input type="checkbox"/> one nebulizer treatment of rescue medication. *If I am not back in the Green Zone within 20-30min, take __ more puffs or nebulizer treatments. *If I am not back in the Green Zone within one hour, then I should: <input type="checkbox"/> Increase _____ <input type="checkbox"/> Add _____ <input type="checkbox"/> Call _____ <input type="checkbox"/> Continue using rescue medication every 4 hours as Needed. Call provider if not improving in __ days.
<p>RED ZONE -- Medical Alert:</p> <ul style="list-style-type: none"> - Very short of breath (breathing hard and fast, nose open wide, ribs can show in children) - Quick relief medications have not helped - Can not do usual activities - Symptoms are the same or get worse after 24 hours in Yellow Zone <p>CALL 911 immediately if trouble walking or talking due to shortness of breath or if fingernails are gray or blue. FOR CHILD: Call 911 if skin sucked in around neck and ribs during breaths or if child doesn't respond normally.</p>	<p>MEDICAL ALERT! Get help!</p> <ul style="list-style-type: none"> <input type="checkbox"/> Take rescue medication: __ puffs every __ minutes <input type="checkbox"/> Take _____ <input type="checkbox"/> Call _____

Parent Signature/Date: _____