ASTHMA ACTION PLAN

HEALTH SERVICES
SCHOOL DISTRICT U-46

School Year:_____
Student Name:_____ ID#:_____ Birthdate:_____

Address: _____
House Number / Street Apt # if necessary City ZIP

To be completed by student's physician:

Green Zone: Go Peak flow number _____to_____ *Breathing is good *No cough or wheeze *Can work and play	**Use preventive medicine.** Medicine How much to take When to take it _____ _____ _____ 20 minutes before sports, use this medicine: _____
Yellow Zone: Caution Peak flow number _____to_____ *Cough *Wheeze *Tight Chest *Wakes up at night	**Take rescue medicine to keep an asthma episode from falling into the red zone.** Medicine How much to take When to take it _____ _____ _____
Red Zone: Danger Peak flow number _____to_____ *Medicine is not helping *Breathing is hard & fast *Nose opens wide *Can't walk *Ribs show *Can't speak entire sentences	**Get help from a doctor now! Go to Emergency Dept. or call 911. Take these medicines until you talk with the doctor**. Medicine How much to take When to take it. _____ _____ _____ _____

Please **CIRCLE** the **STEP** which best represents the student's **asthma severity:**

STEP	Classification	Symptoms	Night time Symptoms	Peak Flow
1	Mild Intermittent	Less than 2 times/week	More than 2 times a month	Greater than 80% normal
2	Mild Persistent	More than 2 times/week	3-4 times a month	Greater than 80% normal
3	Moderate Persistent	Daily	More than 5 times a month	50-80% normal
4	Severe Persistent	Continual	Frequent	Less than 50% normal

I understand that the previously listed medications require annual review and authorization by me. Any changes in medication or dose prior to this review require written authorization. I have verified information on the Asthma and Respiratory Assessment.

Signature: _____ Date of signature:_____
Signature of Physician Month Day Year

Physician's Printed Name: _____
Physician's printed name Medical Group/Clinic

Office Address: _____
Street Address Suite # if necessary City ZIP

Office Phone: _____Fax Number:_____
area code + number area code + number