

## My Asthma Action Plan For Home and School

Name:			D	OB:/	
Severity Classification:	ermittent	ersistent  Moderate Pe	ersistent Severe Persiste	ent	
Asthma Triggers (list):					
Peak Flow Meter Personal Best:					
Peak Flow Meter Personal Best					
Green Zone: Doing Well					
Symptoms: Breathing is good - N	lo cough or wheez	e - Can work and play - S	Bleeps well at night		
Peak Flow Meter _	(more th	han 80% of personal best)			
Flu Vaccine—Date received:	Next fire	u vaccine due:	COVID19 vaccine— When and how often	Date received:	
Control Medicine(s) Medicine		How much to take	When and now offer	Home School	
Physical Activity Use Albu	rterol/Levalbuterol_	puffs, 15 minutes before	e activity  with all activity	when you feel you need it	
CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY.		<b>共享的</b>	rational and the same	MATERIAL SECTION OF THE SECTION OF T	
Yellow Zone: Caution			Wa	ke at night	
Symptoms: Some problems breathing – Cough, wheeze, or tight chest – Problems working or playing – Wake at night  Peak Flow Meter to (between 50% and 79% of personal best)					
Quick-relief Medicine(s) Albu	uterol/Levalbuterol	puffs, every 20 minu	tes for up to 4 hours as nee	ded	
Quick-relief Medicine(s)       Albuterol/Levalbuterol puffs, every 20 minutes for up to 4 hours as needed         Control Medicine(s)       Continue Green Zone medicines         Control Medicine(s)       Change to					
	1		Change to	in the Vellow Zone for more	
∐ Add You should feel better within 20-6	0 minutes of the q	uick-relief treatment. If yo	u are getting worse or are to or right away!	III the reliew Zono lei more	
You should feel better within 20-60 minutes of the quark felicities and call the doctor right away! than 24 hours, THEN follow the instructions in the RED ZONE and call the doctor right away!					
Bad Zana: Got Help Now!					
Red Zone: Get Help Now!					
Symptoms: Lots of problems breathing - Cannot work or play - Getting worse instead of better - Medicine is not helping  Peak Flow Meter (less than 50% of personal best)					
Peak Flow Meter _	(less una	ari 50 % or personal beey			
Take Quick-relief Medicine NOW! Albuterol/Levalbuterol puffs, (how frequently)					
" . I : A - fellowing danger signs are Dieselle House Walting and G					
• Lips or fingernails are blue • Still in the red zone after 15 minutes					
School Staff: Follow the Yellow and Re	ed Zone instruction	ns for the quick-relief med	icines according to asthma	symptoms. rk next to "Take at School".	
School Staff: Follow the Yellow and Ro The only control medicines to be admi	nistered in the scho	ool are those listed in the G	reen Zone will a check ma	and self-administer their	
The only control medicines to be admi  Both the Healthcare Provider and the	e Parent/Guardian	feel that the child has derr	er taking the medicine.		
Both the Healthcare Provider and the quick-relief inhaler, including when t	o tell an adult ir syn	nptorns do not improvo and	<b>9</b>		
Healthcare Provider			Signature		
Healthcare Provider Name	Date	Phone ( )	Oignature		
Parent/Guardian  I give permission for the medicines listed in the action plan to be administered in school by the nurse or other school staff as appropriate.  I give permission for the medicines listed in the action plan to be administered in school by the nurse or other school staff as appropriate.					
I consent to communication between the prescribing it to be desirable and this medicine					
clinic providers necessary for asthma  Name	management and adm	Phone ( ) -	Signature		
Name	Date				
School Nurse  The student has demonstrated the skills to carry and self-administer their quick-relief inhaler, including when to tell an adult if symptoms do not improve  The student has demonstrated the skills to carry and self-administer their quick-relief inhaler, including when to tell an adult if symptoms do not improve					
after taking the medicine.  Name		Phone ( ) -	Signature		
	Date	1110110 \	and the second s		



## How to Use a Metered-Dose Inhaler with a Valved Holding Chamber (Spacer)

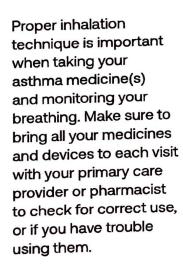
**Prime a brand-new inhaler:** Before using it for the first time, if you have not used it for more than 7 days, or if it has been dropped.



1. Shake inhaler 10 seconds.



 Take the cap off the inhaler and valved holding chamber. Make sure the mouthpiece and valved holding chamber are clean and there is nothing inside the mouthpieces.



3. Put inhaler into the chamber/spacer.

For more videos, handouts, tutorials and resources, visit Lung.org.



4. Breathe out away from the device.

Scan the QR Code to access How-To Videos



5. Put chamber mouthpiece in mouth.





Press inhaler once and breathe in deep and steadily.



7. Hold your breath for 10 seconds, then breathe out slowly.

If you need another puff of medicine, wait 1 minute and repeat steps 4-7.



8. Rinse with water and spit it out.

You can also connect with a respiratory therapist for one-on-one, free support from the American Lung Association's Lung HelpLine at 1-800-LUNGUSA.

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## SELF-MEDICATION FORM FOR STUDENTS WITH ASTHMA OR OTHER LIFE THREATENING ILLNESSES

Student's Name	Age Grade
School	
Name of Medication	
Dosage Frequency	Route of Administration
Effective Dates of Medication: From	To
administration of medication may rely upon my directive potentially life-threatening illnesses deemed sufficiently have in their possession prescribed medication for the conditions during school hours, athletic events and prescribed deem the above-named student to be self-administration of medication pursuant to Chapter his/her person and give authorization for self-medication physician who prescribed the medication and that the	School charged with the Sons as contained in this document. Students with asthma or other by responsible by their physician and parent shall be permitted to treatment and/or prevention of life-threatening illnesses or actices, and field trips. Sufficiently capable, having been instructed in the proper method of 308 of the laws of 1993, to carry his/her prescribed medication on ion of the medication listed above. I further certify that I am the student named above is under my supervision as a patient for will occur only with written directions from attending physician.
Physician's Name (print)	
Physician's Signature	Date
Physician's Address	Telephone
As parent/guardian of the above-named child, have possession of his/her medication as described ab employees and its agents from liability for damages m I realize self-management privileges are lost if he/s	she does not use medication properly. Students deemed responsible  n, but must report to the school nurse with the above-mentioned  year and must be renewed yearly.  School and its employees or agents
Parent Signature	Date
Home Telephone	Work Telephone
NOTE: 1. A separate dose of medication must be kept in 2. Medication brought to school must be prescrip	the nurse's office. tion labeled.