

Asthma Action Plan

For: _____ Doctor: _____ Date: _____
 Doctor's Phone Number _____ Hospital/Emergency Department Phone Number _____

GREEN ZONE

Doing Well

- No cough, wheeze, chest tightness, or shortness of breath during the day or night
- Can do usual activities

And, if a peak flow meter is used,

Peak flow: more than _____
 (80 percent or more of my best peak flow)

My best peak flow is: _____

Take these long-term control medicines each day (include an anti-inflammatory).

| Medicine | How much to take | When to take it |
|----------|------------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Before exercise _____ 2 or 4 puffs _____ 5 minutes before exercise

YELLOW ZONE

Asthma Is Getting Worse

- Cough, wheeze, chest tightness, or shortness of breath, or
- Waking at night due to asthma, or
- Can do some, but not all, usual activities

-Or-

Peak flow: _____ to _____
 (50 to 79 percent of my best peak flow)

First Add: quick-relief medicine—and keep taking your GREEN ZONE medicine.



_____ 2 or 4 puffs, every 20 minutes for up to 1 hour
 (short-acting beta₂-agonist) Nebulizer, once



Second If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:

- Continue monitoring to be sure you stay in the green zone.

-Or-

If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:

- Take: _____ 2 or 4 puffs or Nebulizer
 (short-acting beta₂-agonist)
- Add: _____ mg per day For _____ (3–10) days
 (oral steroid)
- Call the doctor before/ within _____ hours after taking the oral steroid.

RED ZONE

Medical Alert!

- Very short of breath, or
- Quick-relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone

-Or-

Peak flow: less than _____
 (50 percent of my best peak flow)

Take this medicine:

- _____ 4 or 6 puffs or Nebulizer
 (short-acting beta₂-agonist)
- _____ mg
 (oral steroid)

Then call your doctor NOW. Go to the hospital or call an ambulance if:

- You are still in the red zone after 15 minutes AND
- You have not reached your doctor.

DANGER SIGNS ■ Trouble walking and talking due to shortness of breath ■ Take 4 or 6 puffs of your quick-relief medicine AND
 ■ Lips or fingernails are blue ■ Go to the hospital or call for an ambulance _____ NOW!
 (phone)

See the reverse side for things you can do to avoid your asthma triggers.

How To Control Things That Make Your Asthma Worse

This guide suggests things you can do to avoid your asthma triggers. Put a check next to the triggers that you know make your asthma worse and ask your doctor to help you find out if you have other triggers as well. Then decide with your doctor what steps you will take.

Allergens

Animal Dander

Some people are allergic to the flakes of skin or dried saliva from animals with fur or feathers.

The best thing to do:

- Keep furred or feathered pets out of your home.

If you can't keep the pet outdoors, then:

- Keep the pet out of your bedroom and other sleeping areas at all times, and keep the door closed.
- Remove carpets and furniture covered with cloth from your home. If that is not possible, keep the pet away from fabric-covered furniture and carpets.

Dust Mites

Many people with asthma are allergic to dust mites. Dust mites are tiny bugs that are found in every home—in mattresses, pillows, carpets, upholstered furniture, bedcovers, clothes, stuffed toys, and fabric or other fabric-covered items.

Things that can help:

- Encase your mattress in a special dust-proof cover.
- Encase your pillow in a special dust-proof cover or wash the pillow each week in hot water. Water must be hotter than 130° F to kill the mites. Cold or warm water used with detergent and bleach can also be effective.
- Wash the sheets and blankets on your bed each week in hot water.
- Reduce indoor humidity to below 60 percent (ideally between 30—50 percent). Dehumidifiers or central air conditioners can do this.
- Try not to sleep or lie on cloth-covered cushions.
- Remove carpets from your bedroom and those laid on concrete, if you can.
- Keep stuffed toys out of the bed or wash the toys weekly in hot water or cooler water with detergent and bleach.

Cockroaches

Many people with asthma are allergic to the dried droppings and remains of cockroaches.

The best thing to do:

- Keep food and garbage in closed containers. Never leave food out.
- Use poison baits, powders, gels, or paste (for example, boric acid). You can also use traps.
- If a spray is used to kill roaches, stay out of the room until the odor goes away.

Indoor Mold

- Fix leaky faucets, pipes, or other sources of water that have mold around them.
- Clean moldy surfaces with a cleaner that has bleach in it.

Pollen and Outdoor Mold

What to do during your allergy season (when pollen or mold spore counts are high):

- Try to keep your windows closed.
- Stay indoors with windows closed from late morning to afternoon, if you can. Pollen and some mold spore counts are highest at that time.
- Ask your doctor whether you need to take or increase anti-inflammatory medicine before your allergy season starts.

Irritants

Tobacco Smoke

- If you smoke, ask your doctor for ways to help you quit. Ask family members to quit smoking, too.
- Do not allow smoking in your home or car.

Smoke, Strong Odors, and Sprays

- If possible, do not use a wood-burning stove, kerosene heater, or fireplace.
- Try to stay away from strong odors and sprays, such as perfume, talcum powder, hair spray, and paints.

Other things that bring on asthma symptoms in some people include:

Vacuum Cleaning

- Try to get someone else to vacuum for you once or twice a week, if you can. Stay out of rooms while they are being vacuumed and for a short while afterward.
- If you vacuum, use a dust mask (from a hardware store), a double-layered or microfilter vacuum cleaner bag, or a vacuum cleaner with a HEPA filter.

Other Things That Can Make Asthma Worse

- Sulfites in foods and beverages: Do not drink beer or wine or eat dried fruit, processed potatoes, or shrimp if they cause asthma symptoms.
- Cold air: Cover your nose and mouth with a scarf on cold or windy days.
- Other medicines: Tell your doctor about all the medicines you take. Include cold medicines, aspirin, vitamins and other supplements, and nonselective beta-blockers (including those in eye drops).





Physician Authorization Form for Prescribed Medication

Student's Name _____ Date of Birth _____
Student's Address _____ Phone _____
School Branch _____ Grade _____

Medication to be administered _____
Does this medication have a generic name? _____
Dosage to be administered _____
Time/ interval when to be administered: _____
Date to begin administration _____ Date to Cease administration _____
Possible adverse reactions or side effects _____
List of severe reactions that should be reported to the physician _____

Special instructions for storage of medication _____
Special instructions for administration of medication _____

Physician's Name _____ Phone _____
Address _____ Emergency Phone _____

Physician's Signature _____ Date _____

.....
I give my permission for Tree of Life Christian Schools to administer the **prescription medication** listed above to my child _____ (child's name) at the time and dosage stated by the physician.

- I understand it is my responsibility to send an appropriate supply of medication I want Tree of Life to administer to my child during the current school year in its **original container with my child's name on it**. This should be turned in to the front office. NO medication is permitted in book bags and/or lockers (**).
- The school reserves the right to prohibit the administration of any medications or procedures that appear to be beyond the ability of school personnel.
- The prescription medication for the student listed above cannot be scheduled for other than school hours. I agree to notify the school in writing of any changes in my child's condition with respect to the administration of medicine or with any changes to the information provided on this form.
- The school will keep a written account of medication administered to my child in school throughout the current school year.
- I do hereby release Tree of Life Christian Schools and any persons, employees, etc. designated by Tree of Life Christian Schools from and against any and all claims, demands or causes of action by any person for loss, cost, injury or damage alleged to rise from or out of the administration of medical services as requested above and authorized below.

Parent's/Guardian's signature _____ Date _____

** Ohio state law permits students to carry metered dose or dry powder asthma inhalers and/or epipens approved by the student's physician and parents. If you are giving permission for your child to carry his/her inhaler and/or epipen on school premises or to school functions rather than keeping it in the school office, please initial here. _____