

**IRVINGTON UNION FREE SCHOOL DISTRICT  
SCHOOL HEALTH SERVICES  
ASTHMA ACTION PLAN**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Prescriber's Name/Title:(Print): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature authorizes the school to share information with necessary staff)

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

**Asthma Severity:** Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent

**Asthma Triggers:** Colds  Exercise  Animals  Dust  Smoke  Food  Weather  Other

<p><b>1. Green Zone</b> <b>Good Control</b></p> <div style="text-align: center; border: 1px solid black; width: 40px; margin: 10px auto; background-color: #90EE90; color: white; padding: 2px;">GO</div> <p><b>Child feels good:</b></p> <ul style="list-style-type: none"> <li>● Breathing is good</li> <li>● No cough/wheeze</li> <li>● Can work/play</li> <li>● Sleeps all night</li> </ul>	<p style="text-align: center;"><b>Medicine that will control your asthma ----- Use every day</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>Daily Medicine:</b> _____ <b>How much/when to take:</b> _____</p> <p>_____</p> <p>_____</p> <p><b>Sports: Use this medicine 15 minutes prior to exercise to prevent symptoms:</b> _____</p> <p>_____</p> <p><b>Student may carry and use this medicine, must notify school nurse: Yes <input type="checkbox"/> No <input type="checkbox"/></b></p> </div>
<p><b>2. Yellow Zone</b> <b>Be Careful</b></p> <div style="text-align: center; border: 1px solid black; width: 60px; margin: 10px auto; background-color: #FFFF00; color: black; padding: 2px;">YIELD</div> <p><b>Child has <u>any</u> of these:</b></p> <ul style="list-style-type: none"> <li>● Cough</li> <li>● Wheeze</li> <li>● Tight chest</li> <li>● Wakes up at night</li> </ul>	<p style="text-align: center;">Take your daily medicine, and rescue medicine with breathing problems</p> <div style="border: 1px solid black; padding: 5px;"> <p><b>Rescue Medicine:</b> _____ <b>How much/when to take:</b> _____</p> <p><b>2 puffs for cough, wheeze: Yes <input type="checkbox"/> No <input type="checkbox"/> ; With spacer: Yes <input type="checkbox"/> No <input type="checkbox"/></b>  <b>Give medicine again 4-6 hrs if breathing problem still present</b>  <b>Yes <input type="checkbox"/> No <input type="checkbox"/> Call doctor if not better: Yes <input type="checkbox"/> No <input type="checkbox"/></b></p> <hr/> <p><b>Call doctor if these medications are used more than two times a week, during the day. Yes <input type="checkbox"/> No <input type="checkbox"/></b></p> </div>
<p><b>3. Red Zone</b> <b>DANGER</b></p> <div style="text-align: center; border: 1px solid black; width: 60px; margin: 10px auto; background-color: #FF0000; color: white; padding: 2px;">STOP</div> <p><b>Child has <u>any</u> of these:</b></p> <ul style="list-style-type: none"> <li>● Needs to use Rescue medicine more than 3-4 hrs</li> <li>● Struggling to breathe</li> <li>● Can't walk or talk</li> <li>● Lips are blue</li> </ul>	<p style="text-align: center;">Take these medications right away and call doctor</p> <div style="border: 1px solid black; padding: 5px;"> <p><b>Rescue Medicine:</b> _____ <b>How much/when to take:</b> _____</p> <p><b>2 puffs for cough, wheeze: Yes <input type="checkbox"/> No <input type="checkbox"/> ; With spacer: Yes <input type="checkbox"/> No <input type="checkbox"/></b>  <b>Call 911 if symptoms worsen; or inhaler not working after 15 minutes, can't walk or talk well, nostrils opened wide, chest or neck pulled in, or lips are blue.</b>  <b>Give Rescue Medicine again while waiting for ambulance:</b>  <b>Yes <input type="checkbox"/> No <input type="checkbox"/></b></p> </div>