



Illinois Department of Public Health

**Asthma Action Plan**


Patient Name \_\_\_\_\_ Weight \_\_\_\_\_ Date of Birth \_\_\_\_\_ Peak Flow \_\_\_\_\_

Symptom Triggers \_\_\_\_\_ Asthma Severity

<p style="text-align: center;"><b>Green Zone</b> "Go! All Clear!"</p>  <ul style="list-style-type: none"> <li>• Breathing is easy</li> <li>• Can play, work and sleep without asthma symptoms</li> </ul> <p style="text-align: center;"><b>Peak Flow Range</b> (80% - 100% of personal best)</p>	<p>The <b>GREEN ZONE</b> means take the following medicine(s) every day.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>Controller Medicine(s)</b></td> <td style="width: 40%;"><b>Dose</b></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table> <p>Spacer Used _____</p> <p><b>Take the following medicine if needed 10-20 minutes before sports, exercise or any other strenuous activity.</b></p> <p>_____</p>	<b>Controller Medicine(s)</b>	<b>Dose</b>	_____	_____	_____	_____
<b>Controller Medicine(s)</b>	<b>Dose</b>						
_____	_____						
_____	_____						

<p style="text-align: center;"><b>Yellow Zone</b> "Caution..."</p>  <ul style="list-style-type: none"> <li>• Breathing is easy</li> <li>• Cough or wheeze</li> <li>• Chest is tight</li> </ul> <p style="text-align: center;"><b>Peak Flow Range</b> (50% - 80% of personal best)</p>	<p>The <b>YELLOW ZONE</b> means keep taking your GREEN ZONE controller medicine(s) every day and add the following medicine(s) to help keep the asthma symptoms from getting worse.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>Reliever Medicine(s)</b></td> <td style="width: 40%;"><b>Dose</b></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table> <p>If beginning cold symptoms, call your doctor before starting oral steroids.</p> <p>_____</p>	<b>Reliever Medicine(s)</b>	<b>Dose</b>	_____	_____	_____	_____
<b>Reliever Medicine(s)</b>	<b>Dose</b>						
_____	_____						
_____	_____						

**Use Quick Reliever (two - four puffs) every 20 minutes for up to one hour or use nebulizer once. If your symptoms are not better or you do not return to the GREEN ZONE after one hour, follow RED ZONE instructions. If you are in the YELLOW ZONE for more than 12-24 hours, call your provider. If your breathing symptoms get worse, call your provider.**

<p style="text-align: center;"><b>Red Zone</b> "STOP! Medical Alert!"</p>  <ul style="list-style-type: none"> <li>• Medicine is not helping</li> <li>• Nose opens wide to breathe</li> <li>• Breathing is hard and fast</li> <li>• Trouble Walking</li> <li>• Trouble Talking</li> <li>• Ribs show</li> </ul> <p style="text-align: center;"><b>Peak Flow Range</b> (Below 50% of personal best)</p>	<p>The <b>RED ZONE</b> means start taking your RED ZONE medicine(s) and call your doctor NOW! Take these medicines until you talk with your doctor. If your symptoms do not get better and you can't reach your doctor, go to a <b>hospital emergency department or call 911 immediately.</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>Reliever Medicine(s)</b></td> <td style="width: 40%;"><b>Dose</b></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	<b>Reliever Medicine(s)</b>	<b>Dose</b>	_____	_____	_____	_____
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_____	_____						
_____	_____						

For more information on asthma, please visit the National Heart, Lung and Blood Institute at [www.nhlbi.nih.gov](http://www.nhlbi.nih.gov), the U.S. Centers for Disease Control and Prevention at [www.cdc.gov](http://www.cdc.gov) or the U.S. Environmental Protection Agency at [www.epa.gov](http://www.epa.gov). If you would like more information on Illinois' asthma program, please contact the Illinois Department of Public Health at 217-782-3300.

This student understands how to use their inhaler and is allowed to carry it to self-administer as needed

Primary Care Provider Signature \_\_\_\_\_ Date: \_\_\_\_\_

Primary Care Clinic Name/Stamp: \_\_\_\_\_ Phone: \_\_\_\_\_

Completed by parent/guardian:

# Asthma Action Plan

Granite City CUSD #9

Student Name	Birth date	Grade	Today's Date
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Current medication: \_\_\_\_\_

Allergies: \_\_\_\_\_

## Asthma Emergency Action

The following are possible signs of an asthma emergency:

- difficulty breathing, walking, or talking
- blue or gray discoloration of lips or fingernails
- failure of medication to reduce worsening symptoms

These signs indicate the need for emergency medical care. The steps that should be taken are:

- Activate the emergency medical system by dialing 911
- Call parent/guardian or physician.

## Parental Authorization:

I acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Granite City CUSD #9 and its employees, on my behalf, to administer to my child (or allow my child to self-administer, while under the supervision of the employees of the school district), lawfully prescribed and over the counter medication as directed by physician orders. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices. I further acknowledge and agree that, when the lawfully prescribed or over the counter medication is so administered or attempted to be administered, I waive any claims I might have against the school district and its employees arising out of the administration of said medication. In addition I agree to hold harmless and indemnify the school district and its employees, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication. My child understands the need for the medication, and the necessity to report to school personnel any unusual side effects and is capable of using (the inhaler) medication independently.

This student understands how to use their inhaler and is allowed to carry it to self-administer as needed

Parent's/guardian's signature	Today's date	1 <sup>st</sup> Ph #	2 <sup>nd</sup> Ph #
Emergency Contact #2	Relationship	Ph #	Ph #
Emergency Contact #3	Relationship	Ph #	Ph #