

Virginia Asthma Action Plan

School Division: _____

Name	Date of Birth	Effective Dates / / to / /
Health Care Provider	Provider's Phone #	Fax #
Parent/Guardian	Parent/Guardian Phone	Parent/Guardian Email:
Additional Emergency Contact	Contact Phone	Contact Email

Asthma Severity: Intermittent Persistent: Mild Moderate Severe


Asthma Triggers (Things that make your asthma worse)

Colds Smoke (tobacco, incense) Pollen Dust Animals: _____ Strong odors Mold/moisture Stress/Emotions
 Exercise Acid reflux Pests (rodents, cockroaches) Season (circle): Fall, Winter, Spring, Summer Other: _____

Green Zone: Go! — Take these CONTROL (PREVENTION) Medicines EVERY Day

You have ALL of these:

- Breathing is easy
- No cough or wheeze
- Can work and play
- Can sleep all night



Peak flow: _____ to _____
 (More than 80% of Personal Best)
 Personal best peak flow: _____

Always rinse your mouth after using your Inhaler and remember to use a spacer with your MDI.

No control medicines required.

Dulera _____ Symbicort _____ Advair _____, _____ puff (s) _____ times a day
Combination medications: inhaled corticosteroid with long-acting beta-agonist

Alvesco _____ Asmanex _____ Azmacort _____ Flovent _____ Pulmicort _____ QVAR _____
Inhaled Corticosteroid or inhaled corticosteroid/long acting beta-agonist

_____ puff (s) MDI _____ times a day Or _____ nebulizer treatment (s) _____ times a day


Singulair or _____, take _____ by mouth once daily at bedtime
Leukotriene antagonist

For asthma with exercise, ADD: Albuterol or _____, _____ puffs with spacer 15 minutes before exercise

Yellow Zone: Caution! — Continue CONTROL Medicines and ADD RESCUE Medicines

You have ANY of these:

- Cough or mild wheeze
- First sign of cold
- Tight chest
- Problems sleeping, working, or playing



Peak flow: _____ to _____
 (60% - 80% of Personal Best)

Albuterol or _____, _____ puffs with spacer every _____ hours as needed
Inhaled beta-agonist


Albuterol or _____, one nebulizer treatment (s) every _____ hours as needed
Inhaled beta-agonist

Call your Healthcare Provider if you need rescue medicine for more than 24 hours or two times a week, or if your rescue medicine doesn't work.

Red Zone: DANGER! — Continue CONTROL & RESCUE Medicines and GET HELP!

You have ANY of these:

- Can't talk, eat, or walk well
- Medicine is not helping
- Breathing hard and fast
- Blue lips and fingernails
- Tired or lethargic
- Ribs show



Peak flow: < _____
 (Less than 60% of Personal Best)

Albuterol or _____, _____ puffs with spacer every 15 minutes, for THREE treatments
Inhaled beta-agonist

Albuterol or _____, one nebulizer treatment every 15 minutes, for THREE treatments
Inhaled beta-agonist

**Call your doctor while administering the treatments.
 IF YOU CANNOT CONTACT YOUR DOCTOR:
 Call 911 or go directly to the
 Emergency Department NOW!**

REQUIRED SIGNATURES:

I give permission for school personnel to follow this plan, administer medication and care for my child and contact my provider if necessary. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Asthma Management Plan for my child.

PARENT/GUARDIAN _____ Date _____
 SCHOOL Nurse/Designer _____ Date _____
 OTHER _____ Date _____

CC: Principal Cafeteria Mgr Bus Driver/Transportation
 Coach/PE Office Staff School Staff

Blank copies of this form may be reproduced or downloaded from www.vrcvaasthma.org

SCHOOL MEDICATION CONSENT & HEALTH CARE PROVIDER ORDER

CHECK ALL THAT APPLY:

_____ Student instructed in proper use of their asthma medications, and in my opinion, CAN CARRY AND SELF-ADMINISTER INHALER AT SCHOOL.

_____ Student is to notify designated school health officials after using inhaler at school.

_____ Student needs supervision or assistance to use inhaler.

_____ Student should NOT carry inhaler while at school.

MD/NP/PA SIGNATURE: _____ DATE: _____

Virginia Asthma Action Plan approved by the Virginia Asthma Coalition (VAC) 4/11
 Based on NAEPP Guidelines and modified with permission from the D.C. Asthma Action Plan via District of Columbia Department of Health, DC Central Asthma Now, and District of Columbia Asthma Partnership