Virginia Asthma Action Plan

School Division:

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<tr>
<th>Name</th>
<th>Date of Birth</th>
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Health Care Provider | Provider’s Phone # | Fax # | Last flu shot |
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Parent/Guardian | Parent/Guardian Phone | Parent/Guardian Email |
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Additional Emergency Contact | Contact Phone | Contact Email |
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Asthma Triggers (Things that make your asthma worse)

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

Medical provider complete from here down

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

Green Zone: Go!

You have ALL of these:
- Breathing is easy
- No cough or wheeze
- Can work and play
- Can sleep all night

Peak flow: _____ to _____

(> 80% of Personal Best)

Personal best peak flow: _______

Take these CONTROL (PREVENTION) Medicines EVERY Day

- Always rinse your mouth after using your inhaler and remember to use a spacer with your MDI.
- No control medicines required.
- Aerospan ______
- Advair ______
- Alvesco ______
- Asmanex ______
- Budesonide ______
- Dulera ______
- Flovent ______
- Pulmicort ______
- QVAR ______
- Symbicort ______
- Other: __________

_____ puff(s) MDI _____ times a day OR _____ nebulizer treatment(s) ______ times a day

- (Montelukast) Singular, take _____ by mouth once daily at bedtime

For asthma with exercise, ADD: _____ Albuterol _____ Xopenex _____ Ipratropium, MDI, 2 puffs with spacer 15 minutes before exercise (i.e., PE class, recess, sports)

Yellow Zone: Caution!

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)

Continue CONTROL Medicines and ADD RESCUE Medicines

- Albuterol
- Levalbuterol (xopenex)
- Ipratropium (Atrovent), MDI, _____ puffs with spacer every _____ hours as needed
- Albuterol 2.5 mg/3ml
- Levalbuterol (Xopenex) _______
- Ipratropium (Atrovent) 2.5mg/3ml

one nebulizer treatment every _____ hours as needed
- Other: __________

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!

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: < _____

(60% of Personal Best)

Continue CONTROL & RESCUE Medicines and GET HELP!

- Albuterol
- Levalbuterol (Xopenex)
- Ipratropium (Atrovent), MDI, _____ puffs with spacer every 15 minutes, for THREE treatments.
- Albuterol 2.5 mg/3ml
- Levalbuterol (Xopenex) _______
- Ipratropium (Atrovent) 2.5mg/3ml

one nebulizer treatment every 15 minutes, for THREE treatments
- Other: __________

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/DESIGNEE _______ Date _______

OTHER _______ Date _______

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

SCHOOL MEDICATION CONSENT & HEALTH CARE PROVIDER ORDER

Check One:
- Student, in my opinion, can carry and self-administer inhaler at school.
- Student needs supervision or assistance to use inhaler, and should not carry the inhaler in school

MD/NP/PA SIGNATURE _______ Date _______

Effective Dates _______ to _______

Virginia Asthma Action Plan approved by the Virginia Asthma Coalition (VAC) 04/2015

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