

## Individual Health Care Plan

Child's name:

Date of birth:

Classroom:

Chronic medical condition:

Symptoms:

Treatment:

Potential side effects of the treatment:

Potential consequences if treatment is not administered:

\_\_\_ we will have medicine at school to administer to child when needed. The teachers will be trained on how to administer this medication and how to record information in the medication log.

\_\_\_ the plan is that parents will administer medicine at home and school will call parent if any further medicine is needed while child is at school.

Doctor:

Doctor's Office Phone Number:

Parents:

Director:

Date:

# Asthma Action Plan

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

Before exercise \_\_\_\_\_

**Medicine**

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

How much to take	When to take it
_____	_____
_____	_____
_____	_____
_____	_____

**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.

\_\_\_\_\_ (short-acting beta<sub>2</sub>-agonist)  2 or  4 puffs, every 20 minutes for up to 1 hour  
 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: \_\_\_\_\_ (short-acting beta<sub>2</sub>-agonist)  2 or  4 puffs or  Nebulizer  
 Add: \_\_\_\_\_ (oral steroid) \_\_\_\_\_ mg per day For \_\_\_\_\_ (3-10) days  
 Call the doctor  before/  within \_\_\_\_\_ hours after taking the oral steroid.

Take this medicine:

\_\_\_\_\_ (short-acting beta<sub>2</sub>-agonist)  4 or  6 puffs or  Nebulizer  
 \_\_\_\_\_ (oral steroid) \_\_\_\_\_ mg

**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)

**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.

**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)

**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**       **Lips or fingernails are blue**

**Take  4 or  6 puffs of your quick-relief medicine AND 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.