

Student Name _____ Date of Birth _____ School _____

Student ID Number _____ Grade _____ Medication Allergies _____

Activities student participates in at school: _____

Asthma symptoms are triggered by:

- Exercise Illness Pollen Smoke Dust Air Pollution Animals Cold Air Molds Foods (list)

Please list any other triggers: _____

Usual Asthma Symptoms: Cough Shortness of Breath Chest Tightness Wheeze Other _____

If a student has any of the following symptoms: chest tightness, difficulty breathing, wheezing, excessive coughing, shortness of breath

1. Stop activity & help student to a sitting position
2. Stay calm, reassure student
3. Assist student with the use of their inhaler
4. Escort student to the health room or call for health room staff for immediate assistance. Never send the student to the health room alone!

INHALER IS KEPT: _____

Call 911 for any of these!

- If breathing does not improve after medication is given
- Student is having trouble walking or talking
- Student is struggling to breathe
- Student's chest and/or neck is pulling in while breathing
- Student's lips are blue, and/or
- Student must hunch over to breathe

HEALTH CARE PROVIDER, Please complete all items in box: ICD 9 Code: 493.9 or _____

Asthma Severity: Intermittent Mild persistent Moderate persistent Severe persistent

Controller Medication given at home:

Name of Medication	how much/mgs	how often

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Quick Relief Medication:

Albuterol ___ puffs every ___ min. and as needed up to ___ puffs per hour. May repeat every ___ hrs

Albuterol 10-15 min before exercise Routinely As Needed. Activity limitations: _____

OR, Albuterol or (_____) solution as needed, _____ mg by nebulizer every ___ to ___ hours

GREEN ZONE

*Peak Flow _____
80 to 100% of personal best

Asthma Symptoms

- No Cough, wheeze or shortness of breath
- Able to do all normal activities including exercise and play
- No symptoms at night
- No need for quick relief medications for symptoms

Use daily controller medications.

Use quick relief inhaler before exercise as ordered.

*Peak flows may be obtained by the school RN in the health room.

YELLOW ZONE

*Peak Flow _____
50 to 80% of personal best

Asthma Symptoms

- Coughing, wheezing, shortness of breath, or chest tightness
- Using quick relief medication more than usual
- Can do some but not all of usual activities
- Asthma symptoms at night

Take Quick Relief Medication Now!

Add or change these medications:

Name of medication	How much	How often

Parent/guardian-call medical provider if using quick relief medication more than twice a week or no symptom improvement.

RED ZONE

*Peak Flow _____
Less than 50% of personal best

Asthma Symptoms

- Medication unavailable or not working
- Getting worse not better
- Breathing hard and fast
- Chest/neck pulling in
- Difficulty walking or talking
- Lips or fingernails blue
- Hunched over to breathe

Take Quick Relief Medication Now!

Call 911 & continue to give Quick Relief Medication every 20 minutes until EMS arrives!

Contact Parent & Provider-See Below

Student can self carry medication? Yes No **Student can self-administer medication?** Yes No

Provider signature _____ Date _____ Provider printed name _____

Provider phone _____ Provider fax _____ Provider email _____

Parent/Guardian signature _____ Date _____

Home phone _____ Cell phone _____ Work phone _____

School Nurse signature _____ Date _____ Phone _____