

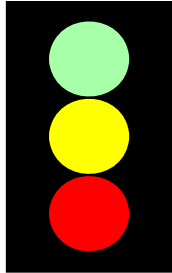


Asthma Action Plan

Ages 0 – 11 Years

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
www.ct.gov/dph/asthma

Name:	Birth Date:	Date:
Parent/Guardian Phone #'s:	Provider Phone #: Fax #: (or stamp)	
Important! Things that make your asthma worse (Triggers): <input checked="" type="checkbox"/> smoke <input type="checkbox"/> pets <input type="checkbox"/> mold <input type="checkbox"/> dust <input type="checkbox"/> tree/grass/weed pollen <input type="checkbox"/> colds/viruses <input type="checkbox"/> exercise <input type="checkbox"/> seasons: other:		
Severity Classification: <input type="checkbox"/> Severe Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Intermittent		




GO – You're Doing Well!

USE THESE MEDICINES EVERY DAY TO PREVENT SYMPTOMS

You have all of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work and play



Peak Flow may be useful for some kids.

CONTROLLER MEDICINE	DIRECTIONS
_____	_____
_____	_____
_____	_____
_____	_____

If your child usually has symptoms with exercise then give:


☺ **Inhalers work better with spacers. Always use with a mask when prescribed.**

CAUTION – Slow Down!

Continue with Green Zone Medicine and Add:

You have any of these:

- First signs of a cold
- Exposure to known trigger
- Cough
- Wheeze
- Tight chest
- Coughing at night




RESCUE MEDICINE	DIRECTIONS
_____	_____
Then: Wait 20 minutes and see if the treatment(s) helped	
➤ If you are GETTING WORSE or NOT IMPROVING after the treatment(s) GO TO RED ZONE	
➤ If you are BETTER , continue treatments every 4 to 6 hours as needed for 24 to 48 hours	
Then: If you still have symptoms after 24 hours, CALL YOUR DOCTOR and if he/she agrees:	
➤ Start: _____	
If rescue medication is needed more than 2 times a week, call your doctor at: _____	

DANGER – Get Help!

TAKE THESE MEDICINES AND SEEK MEDICAL HELP NOW!

Your asthma is getting worse fast:

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Can't talk well
- Getting nervous



RESCUE MEDICINE	DIRECTIONS
_____	_____
Then: Wait 15 minutes and see if treatment helped	
➤ If GETTING WORSE or NOT IMPROVING , go to the hospital or call 911	
➤ If you are getting BETTER , continue treatments every 4 to 6 hours and call your doctor – say you are having an asthma attack and need to be seen TODAY!	
Then: If your doctor agrees, start: _____	

✓ Make an appointment with your primary care provider within **two days** of an **emergency visit, hospitalization**, or anytime for **ANY** problem or question with asthma

School Nurse: Call provider for control concerns or if rescue medication is used more than 2 times/week for asthma symptoms

Parents: Call your doctor for control concerns or if rescue medication is used more than 2 times/week for asthma symptoms

HEALTHCARE PROVIDER SCHOOL MEDICATION AUTHORIZATION **REQUIRED FOR** _____ **as stated in accordance with CT State Law and Regulations 10-212a**

Self-Administration: This student **is** capable to safely and properly self-administer this medication **OR** This student **is not** approved to self-administer this medication

Signature: _____ **Provider Printed Name:** _____ **Date:** _____ **For use from** _____ **to** _____

Parent/Guardian Consent: **REQUIRED**

I authorize this medication to be administered by school personnel **OR** I authorize the student to possess and self-administer medication.

I also authorize communication between the prescribing health care provider, the school nurse, the school medical advisor and school-based clinic providers necessary for asthma management and administration of this medication.

Parent/Guardian Signature: _____ **Date:** _____

*** Bring asthma meds and spacer to all visits**