st.croixprep

ASTHMA ACTION PLAN (AAP)

Student:	Grade/Teacher:
Parent/ Guardian:	TEL:
Health Care Provider:	TEL:

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

1. Green Zone

Take controller medicine every day (this may include allergy medicine.)

Medicine How Much When to Take

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

GO!

_____

_____

_____

Peak Flow Range: _____ to _____

_____

(80% - 100% of Personal Best/Predicted)

Pre-Exercise Medication: 10 – 20 min. before activity as needed:

Height: _____ _____

2. Yellow Zone

Keep taking Green Zone controller medicines.
Take the following reliever medicines to keep asthma from getting worse.

Medicine How Much When to Take

- Cold or runny nose
- Coughs during day
- Wheeze or tight chest
- Wake up at Night with cough

Slow Dow

_____

_____

_____

_____

Peak Flow Range: ____ to ____
(50% - 79% of Personal Best/ Predicted)

Call health care provider if reliever medicine does not last 4 hours, if you are in the Yellow Zone more than 48 hours, or if you need to start reliever medicines more than 2 times per week.

3. Red Zone

Take these medicines NOW and **call your health care provider.**

Medicine How Much When to Take

- Medicine is not helping
- Breathing is hard and fast
- Can't talk well
- Ribs show
- Getting worse
- Coughs continuously

STOP!

_____

_____

_____

_____+_____

Peak Flow Range: ____ to ____
(Less than 50% of Personal Best/ Predicted)

If breathing does not improve and you cannot contact your health care provider, go to the emergency room.

Call 9-1-1 if:	➢ Difficulty walking, talking, or drinking ➢ Fingernails or lips are grey or blue	➢ You cannot get air ➢ You are worried about getting through the next 20 min.

This form provides authorization form the health care provider to administer above medicine as provided by parent/guardian. Student may carry reliever medicines after approval by the Health Office.

Health Care Provider Signature/Date:	Parent Signature/Date: