

PMFS use  
Location of inhaler:

# Asthma Action Plan

(To be completed by Doctor)

Original rec'd \_\_\_\_\_  
 \_\_\_ Logged in database  
 \_\_\_ Copy in s. medical file  
 \_\_\_ Copy with medication  
 \_\_\_ Copy in office binder  
 \_\_\_ Copy to teacher

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Effective Date \_\_\_\_\_  
 Plymouth Meeting Friends School  
 School \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Parent's Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Office Phone \_\_\_\_\_

**Asthma Severity:**  Mild Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent  
**Asthma Triggers:**  Colds  Exercise  Animals  Dust  Smoke  Food  Weather  Other: \_\_\_\_\_

## TAKE THESE MEDICINES EVERYDAY

**Child feels good:**

- Breathing is good
- No cough or wheeze
- Can work/play
- Sleeps all night

MEDICINE:	HOW MUCH:	WHEN TO TAKE IT:

Green

**Peak flow in this area:**  
\_\_\_\_\_ to \_\_\_\_\_

**20 MINUTES BEFORE EXERCISE USE THIS MEDICINE:**

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## IF NOT FEELING WELL TAKE EVERYDAY MEDICINES AND ADD THESE RESCUE MEDICINES

**Child has any of these:**

- Cough
- Wheeze
- Tight Chest



MEDICINE:	HOW MUCH:	WHEN TO TAKE IT:

Yellow

**Peak flow in this area:**  
\_\_\_\_\_ to \_\_\_\_\_

*Call your doctor/nurse's office if the symptoms don't improve in 2 days OR if the flare lasts for longer than \_\_\_ days. After \_\_\_\_\_ days go back to GREEN ZONE and take everyday medications as instructed.*

## IF FEELING VERY SICK CALL THE DOCTOR NOW! TAKE THESE MEDICINES

**Child has any of these:**

- Medicine not helping
- Breathing is hard and fast
- Lips and fingernails are blue
- Can't walk or talk well



MEDICINE:	HOW MUCH:	WHEN TO TAKE IT:

Red

**Peak flow below:**  
\_\_\_\_\_

**IF UNABLE TO CONTACT YOUR DOCTOR:**  
Call 911 or go to the nearest emergency room and bring this form with you!

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Health Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ I authorize student to carry and self administer emergency asthma inhaler.  
 \_\_\_\_ I DO NOT authorize student to carry and self administer emergency asthma inhaler.

Inhaler kept (circle all that apply): on student / in office