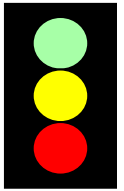


# Asthma Action Plan & School Medication Authorization

➤ Please order a VHC Spacer to use with any MDIs



Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

**Important! Things that make your asthma worse (Triggers):**  smoke  pets  mold  dust-mites  
 pollen/trees  colds/viruses  exercise  seasons: \_\_\_\_\_ other: \_\_\_\_\_

**Severity Classification:**  Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent

## GO ZONE – You’re Doing Well! USE THESE MEDICINES EVERYDAY TO PREVENT SYMPTOMS

If you have **all** of these:

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



### CONTROLLER MEDICINE (Dose/Route) HOW MUCH HOW OFTEN/WHEN

1. _____	_____ Puffs Inhaled	AM/PM
	<input type="checkbox"/> with spacer	
2. _____	_____	AM/PM
3. _____	_____	AM/PM
4. Albuterol MDI 90	_____ Puffs Inhaled with spacer	
	<input type="checkbox"/> Before exercise as needed	

## CAUTION ZONE – Slow Down! CONTINUE WITH GO ZONE MEDICINE and ADD:

If you have **any** of these:

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



### RESCUE MEDICINE HOW MUCH HOW OFTEN/WHEN

1. Albuterol MDI 90	_____ Puffs Inhaled with spacer	Every _____ hours
	<input type="checkbox"/> May Repeat in 20 minutes <i>if needed</i>	
2. Nebulized Albuterol 2.5mg	_____ Vial inhaled	Every _____ hours
	<input type="checkbox"/> May repeat in 20 minutes <i>if needed</i>	

- **Call your Health Care Provider:** If getting worse and go to the **DANGER ZONE** or
- Not improved in 2 days or **any** questions concerns about your asthma

**School Nurse:** Call parent or provider if using PRN medication more than 2 days/week for asthma symptoms or for control concerns

## DANGER ZONE – Get Help! TAKE THESE MEDICINES AND CALL YOUR PROVIDER NOW

If your Asthma is **getting worse fast:**

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



### MEDICINE HOW MUCH HOW OFTEN/WHEN

1. Albuterol MDI 90	_____ Puffs Inhaled with spacer	<b>NOW!</b>
	<input type="checkbox"/> Repeat in 20 minutes <i>if needed</i>	
2. Nebulized Albuterol 2.5mg	_____ 1 vial inhaled	<b>NOW!</b>
	<input type="checkbox"/> Repeat in 20 minutes <i>if needed</i>	

- **Call your Health Care Provider now, if they are not available, go directly to the emergency room or call 911 and bring this form with you.**

**HEALTH CARE PROVIDER SCHOOL MEDICATION AUTHORIZATION** **REQUIRED** FOR Albuterol as stated in above plan. \* Not to exceed **6 puffs** within regular school hrs (6hrs), without notifying provider

Side effects:  Not expected, or \_\_\_\_\_ Medication Allergies:  NKDA, or \_\_\_\_\_

**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: \_\_\_\_\_ Date: \_\_\_\_\_ For the School Year: **2018 -2019**

### Parent/Guardian Consent: REQUIRED

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

➤ I also authorize communication between the prescribing health care provider and school nurse necessary for asthma management and administration of this medication

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ **\* Bring asthma meds and spacer to all visits**

➤ Make an appointment with your health care provider within **two days** of an **ED visit, hospitalization**, or anytime for **ANY** problem or question with asthma