

# Asthma Action Plan & School Medication Authorization



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  
 with spacer
  2. \_\_\_\_\_ AM/PM
  3. \_\_\_\_\_ AM/PM
  4. Albuterol MDI 90 \_\_\_\_\_ Puffs Inhaled with spacer
- Please order a VHC Spacer to use with any MDIs  Every 4 hours as needed before exercise

## 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  
 May Repeat x 1 in 20 minutes *if needed*
  2. Nebulized Albuterol 2.5mg \_\_\_\_\_ Vial inhaled Every \_\_\_\_\_ hours  
 May repeat x 1 in 20 minutes *if needed*
  3. \_\_\_\_\_
- **If getting worse follow directions in DANGER ZONE and Call your Health Care Provider**  
 ➤ **If not improved in 2 days or any asthma questions/concerns - Call your Health Care Provider**

**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 **NOW!**  
 Repeat x 1 in 20 minutes *if needed*
  2. Nebulized Albuterol 2.5mg \_\_\_\_\_ 1 vial inhaled **NOW!**  
 Repeat x 1 in 20 minutes *if needed*
- **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. Make an appointment after all E.R. visits.**

**HEALTH CARE PROVIDER SCHOOL MEDICATION AUTHORIZATION REQUIRED** FOR Albuterol as stated in above plan, and in accordance with CT State Law and Regulations 10-212a \* Not to exceed 6 puffs within regular school hrs (6hrs), without notifying provider **Office Stamp**

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 (365 days): \_\_\_\_\_

### 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 authorize exchange of information between the prescribing health care provider and school nurse to ensure the safe administration of this medication plan

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_