## **SCHOOL ASTHMA ACTION PLAN**

Name	:	Grade:		DOB:	
Medic	cations at school:				
Has P	ersonal Asthma Action Plan	on file:   Yes	$\square$ No	Follow personal asthma	action plan
if ava	ilable				
<u>Evalu</u>	ate respiratory status for s	signs of respira	tory dis	tress:	
• Sev	ere coughing		<ul> <li>Blueness of fingernails or lips</li> </ul>		
• Wheezing			<ul> <li>Decreased or loss of consciousness</li> </ul>		
• Chest tightness			<ul> <li>Shortness of breath</li> </ul>		
_	id, labored breathing			• Retractions (chest/neck su	cks in)
• Sitti	ing in a hunched position (tr	ipod position)			
PLAN	NOF ACTION: Personal b	est or best predi	cted: FE	EV1/ PEF	
Greer	<b>Zone: Doing Well:</b> No co	ough, wheeze, c	hest tigł	tness, or shortness of breath	i; can do
	activities; O2 sat 95%-100%		_	_	R Peak
	≥80%of personal best. ( <b>Gree</b>				
1.	Have student rest in the he	ealth room for 1	0-20 mi	n & observe for signs that c	ondition
_	may be worsening.				
	May give student sips of v				
3.	Student may return to class	SS.			
Yellov	w Zone: Moderate Distres	s: Cough, whee	ze, chest	tightness, or shortness of b	reath; Can
do sor	ne, but not all, usual activiti	es; O2 sat 91%	-94%; I	EV1 60-79% of personal be	est or best
predic	eted OR Peak flow 50-79% of	of personal best.	(Yellow	zone FEV1/PE	F)
	Notify RN. RN to assess	,			
2.	Student may be given 2-6	-	rol MD	via spacer or 1 vial Albuter	ol via
_	nebulizer, per RN directiv	ve.			
	Notify parent/guardian.	1.00	DDI /1	DEE 20 1 1 1 1	
4.	Monitor student and reche quick-relief medication.	eck O2 sat and/o	or FEVI	or PEF 20 minutes after add	ministering
5.	If student responds favora	ably (O2sat >95°	%: FEV	1 or PEF > 80%), student m	av return to
	class.	.e., (e.z>e	, , , , , , , , , , , , , , , , , , , ,	1 01 1 21 = 00 / 0), 000 000 11	
6.	If no response to treatmen				uffs of
	Albuterol MDI via spacer	per RN directiv	e & cal	911.	
Red Z	Zone: Severe Distress: Very	y short of breath	, bluene	ss of fingernails or lips, retr	actions;
Quick	relief medicines have not h	elped; O2sat ≤ 9	90; FEV	1 <60% of personal best or	best
predic	eted OR PEF <50% of person	nal best. (Red z	zone FI	EV1/PEF	)
1.	Call 911.				
2.	•				
3.		_	rol MDI	via spacer or 1 vial Albuter	ol via
	nebulizer, per RN directive	e.			
4.	Notify parent/guardian.				
5.	Monitor student closely ur	ntil EMS or pare	nt/guaro	lian arrives.	