



MANHEIM TOWNSHIP SCHOOL DISTRICT

Health Services Asthma Action Plan

Name: _____ Grade _____

Severity Classification: ___ Intermittent, ___ Mild Persistent, ___ Moderate Persistent, ___ Severe Persistent

Green Zone: Doing Well 😊 Symptoms: Breathing is good - No cough or wheeze - Can work and play - Sleep well at night

Control Medicine(s): _____ _____	How much to take _____ _____	When and how often to take it _____ _____	Take at home _____ Take at school _____
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Quick Relief Medicine(s): _____ _____	How much to take _____ _____	When and how often to take it _____ _____	Take at home _____ Take at school _____
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Exercise Induced: _____ Use quick relief medicine 10 minutes before physical activity as instructed.

Yellow Zone: Caution 😟 Symptoms: Some problems breathing – Cough, wheeze, or tight chest – Problems working or playing – Wake at night

Quick Relief Medicine(s): _____ _____	How much to take _____ _____	When and how often to take it _____ _____	_____ Every 20 minutes for up to one hour or use nebulizer (use once)
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Control medicines	_____ Continue Green Zone Medicine(s)
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You should feel better within 20-60 minutes of using Quick Relief treatment. If you are getting worse, then follow the RED ZONE instructions and call your doctor or 911 right away.

Red Zone: GET HELP NOW! 😡 Symptoms: Lots of problems breathing - Cannot work or play - Getting worse instead of better - Medicine is not helping

Take Quick Relief medicine NOW! _____	How much to take _____	When and how often to take it _____
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Call 911 immediately if the following danger signs are present:
1. Trouble walking or talking due to shortness of breath 2. Lips or fingernails are blue 3. Still in the RED ZONE after 15 minutes

_____ The student has been instructed in self-administration and is **capable of responsibly carrying an inhaler**. The student is aware that he/she must notify the school nurse immediately following each rescue use of the inhaler and will demonstrate to the school nurse the proper use and technique for self-administration of the asthma inhaler.

_____ The student is permitted to self-carry his/her inhaler during all school-sponsored field trips, provided staff are informed of the location of the inhaler and the student continues to follow all self-administration expectations.

_____ Student **SHOULD NOT** self-carry his/her inhaler at school.

Physician Signature _____ **Date** _____

I request that the school complies with the order of the licensed physician, certified registered nurse practitioner or physician assistant. (PA SC 1414.1) If my child is permitted to self-carry/administer an inhaler, I understand that the school is not responsible for ensuring that the medication is taken and relieve the district and its employees of responsibility for the benefits or consequences of the prescribed medication. (PA SC 1414.1)

Parent/Guardian Signature _____ **Date** _____

Asthma Questionnaire

Is your child's asthma triggered by:

- | | |
|--|---|
| <input type="checkbox"/> Dogs/cats/pets | <input type="checkbox"/> Illness/colds |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Environmental agents |
| <input type="checkbox"/> Weather changes | <input type="checkbox"/> Other _____ |

How does your child's asthma present?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Chest tightness | <input type="checkbox"/> Wheezing |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Shortness of breath | |

	YES	NO
Does your child know how to use their meter dosed inhaler?		
Does your child have a spacer to use with their inhaler?		
Does your child know when they need to use their inhaler?		
Does your child use a peak flow meter? If so, what is your child's personal best peak flow? _____		

How often does your child experience a flare of their asthma?

When was the last time your child had an asthma episode that required a visit to the doctor or the hospital?

What time of year does your child have the greatest difficulty? _____

Would you like to meet with the School Nurse to discuss your child's asthma?	YES	NO
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