




## ASTHMA ACTION PLAN – ROSEVILLE AREA SCHOOLS

This plan should be updated with each medication change and at the beginning of each school year.

Name:	DOB:	Grade:	Date:
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<p><b>1. GREEN ZONE GO!</b></p>  <p>⇒ Breathing is easy ⇒ Can work and play ⇒ Can sleep at night ⇒ No cough or wheeze</p> <p>Peak Flow Range: _____ to _____ (80%-100% of Personal Best/Predicted)</p>	<p>Take <u>controller medicine</u> every day (this may include allergy medicine)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Medicine</th> <th style="width: 17%;">How much</th> <th style="width: 50%;">When to take</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p><b>10-20 minutes before physical activity or exposure to allergies, take this medicine:</b></p>	Medicine	How much	When to take									
Medicine	How much	When to take											

<p><b>2. YELLOW ZONE SLOW DOWN!!</b></p>  <p>⇒ Cold or runny nose ⇒ Coughs during day ⇒ Wheeze or tight chest ⇒ Wake up at night with cough</p> <p>Peak Flow Range: _____ to _____ (50%-79% of Personal Best/Predicted)</p>	<p>Keep taking Green Zone <u>controller medicines</u>. Take the following <u>reliever medicines</u> to keep asthma from getting worse.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Medicine</th> <th style="width: 17%;">How much</th> <th style="width: 50%;">When to take</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p><b>Call health care provider if reliever medicine does not last 4 hours, if you are in the Yellow Zone for more than 48 hours, or if you need to start reliever medicines more than 2 times per week.</b></p>	Medicine	How much	When to take									
Medicine	How much	When to take											

<p><b>3. RED ZONE STOP!!!</b></p>  <p>⇒ Medicine is not helping ⇒ Breathing is hard and fast ⇒ Can't talk well ⇒ Ribs show ⇒ Getting worse ⇒ Coughs continuously</p> <p>Peak Flow Range _____ to _____ (less than 50% of Personal Best/Predicted)</p>	<p>Take these medicines <b><u>NOW</u></b> and call your health care provider.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Medicine</th> <th style="width: 17%;">How much</th> <th style="width: 50%;">When to take</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p><b>If breathing does not improve and you cannot contact your health care provider, go to the emergency room.</b></p>	Medicine	How much	When to take									
Medicine	How much	When to take											
<p><b>Call 911 if:</b></p> <ul style="list-style-type: none"> <li>• fingernails or lips are grey or blue</li> <li>• you can't get air</li> <li>• you are worried about getting through the next 30 minutes</li> </ul>													

*This form provides consent for school personnel to administer above medicine as provided by parent or guardian. It authorizes school personnel to contact the doctor with questions regarding medication management. Student may carry reliever medicines after approval by the school nurse.*

**Check box if student has permission to self-carry:**

Parent/Guardian signature:	Phone:	yes <input type="checkbox"/> no <input type="checkbox"/>	Date:
Health Care Provider signature:	Phone:	yes <input type="checkbox"/> no <input type="checkbox"/>	Date:
School Nurse signature:	Phone:	yes <input type="checkbox"/> no <input type="checkbox"/>	Date: