

# STUDENT ASTHMA ACTION CARD

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Teacher \_\_\_\_\_

School Nurse \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Healthcare Provider treating student for Asthma \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Personal Best Peak Flow Reading \_\_\_\_\_

## Green Zone: All Clear

- Breathing is easy. No asthma symptoms with activity or rest.
- Peak Flow Range: \_\_\_\_\_ to \_\_\_\_\_ (80%-100% of personal best) *If applicable.*
- Pre-medicate if needed 10-20 minutes before sports, exercise or other strenuous activity.
- Pre-exercise medications listed in #1 below.

## Yellow Zone: Caution

- Cough or wheeze. Chest is tight. Short of breath.
- Peak Flow Range: \_\_\_\_\_ to \_\_\_\_\_ (50%-80% of personal best) *If applicable.*
- Medicate with quick reliever. Give medications as listed below.
- May re-check peak flow in 15-20 minutes.
- Student should respond to treatment in 15-20 minutes and return to Green Zone, if not, contact parent.

## Red Zone: Emergency Plan

- Call EM-911 if student has any of the following:
  - ✓ Coughs constantly
  - ✓ No improvement 15-20 minutes after initial treatment with medication
  - ✓ Hard time breathing with some or all of these symptoms of respiratory distress:
    - Chest and neck pulled in with breathing
    - Stooped body posture
    - Struggling or gasping
  - ✓ Trouble with waling or talking due to shortness of breath
  - ✓ Lips or fingernails are grey or blue
  - ✓ Peak flow below \_\_\_\_\_ (50% of personal best) *If applicable.*
- Medicate with quick reliever. Give medications as listed below.
- Re-check Peak Flow in 15-20 minutes.
- Student should respond to treatment in 15-20 minutes.
- Contact parent or guardian.

## EMERGENCY ASTHMA MEDICATIONS—To be completed by Healthcare Provider

1. Med \_\_\_\_\_ Dose \_\_\_\_\_
2. Med \_\_\_\_\_ Dose \_\_\_\_\_
3. Epinephrine Autoinjector will be used in the event of a severe asthma episode at school, this may be given in addition to the student's prescribed medication or if the student does not have access to their prescribed medication. Dosage \_\_\_\_\_ 0.3mg OR \_\_\_\_\_ 0.15mg

### Authorization by Healthcare Provider:

- This child has received instruction in the proper use of his/her asthma medications.
- It is my professional opinion that this student should/should not (Circle One) be allowed to carry, store, and use his/her asthma medications by him/herself.

Healthcare Provider Signature: \_\_\_\_\_ Date \_\_\_\_\_

Anchorage School District  
Nursing & Health Services

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