



# Bartow County School System Clinic Form for ASTHMA ACTION PLAN

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

*To Be Completed By The Doctor:*

Asthma Triggers: (Please mark all that apply)

Exercise \_\_\_\_ Cold/Illness \_\_\_\_ Emotions \_\_\_\_ Smoke \_\_\_\_ Weather Changes \_\_\_\_ Odors: \_\_\_\_

Emotions \_\_\_\_ Air Pollution \_\_\_\_ Allergies to \_\_\_\_\_

## EVERY DAY MEDICINES

### GREEN ZONE

\*Able to attend school, play \*Good breathing \*No coughing/wheezing \*Able to sleep through the night

**Controller Medicine**

**How much to take?**

**How often to take medicine?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Before exercising, take: \_\_\_\_\_

## ASTHMA ACTION PLAN

### YELLOW ZONE

\*Mild chest tightness \*Mild Cough/wheeze \*Short of breath \*Alert/Active \*Skin color pink \*Mild breathing problems

**Rescue Medicine**

**How much to take?**

**How often to take medicine?**

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If symptoms do not improve, call parent to contact their doctor for further instructions.

### RED ZONE

\*Not responding well to above treatment \*Breathing rate fast \*Skin color pale \*Trouble talking \*Severe chest tightness

\*Audible wheezing \*Continuous cough \*Retractions in ribcage \*Not as alert/active \*Severe breathing problems

**Rescue Medicine**

**How much to take?**

**How often to take medicine?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If skin, fingernail beds, or lips become blue at any time:

**CALL 911**

\_\_\_\_\_  
**Doctor's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

