# Virginia Asthma Action Plan

**School Division:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
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<tbody>
<tr>
<td>Health Care Provider</td>
<td>Provider’s Phone #</td>
</tr>
<tr>
<td>Parent/Guardian</td>
<td>Parent/Guardian Phone</td>
</tr>
<tr>
<td>Additional Emergency Contact</td>
<td>Contact Phone</td>
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**Asthma Triggers (Things that make your asthma worse):**

- Cold
- Smoke (tobacco, incense)
- Pollen
- Dust
- Acid reflux
- Exercise
- Animals
- Pests (rodents, cockroaches)
- Other:
- Strong odors
- Mold/moisture
- Fall
- Spring
- Winter
- Summer

**Medical provider complete from here down**

**Asthma Severity:**

- Intermittent
- Persistent: Mild
- Moderate
- Severe

## Green Zone: Go!

You have **ALL** of these:

- Breathing is easy
- No cough or wheeze
- Can work and play
- Can sleep all night

**Peak flow:** _______ to _______

*(More than 80% of Personal Best)*

**Personal best peak flow:** _______

**Take these CONTROL (PREVENTION) Medicines EVERY Day**

Always rinse your mouth after using your inhaler and remember to use a spacer with your MDI.

- No control medicines required.
- Aerospan  
- Advair  
- Alvesco  
- Asmanex  
- Budesonide  
- Dulera  
- Flovent  
- Pulmicort  
- QVAR  
- Symbicort  

_ puff(s) MDI times a day Or _ nebulizer treatment(s) times a day

*(Montelukast)* Singular, take ______ by mouth once daily at bedtime

For asthma with exercise, **ADD:**

- Albuterol
- Xopenex
- Ipratropium, MDI, 2 puffs with spacer 15 minutes before exercise (i.e., PE class, recess, sports)

## Yellow Zone: Caution!

You have **ANY** of these:

- Cough or mild wheeze
- First sign of cold
- Tight chest
- Problems sleeping, working, or playing

**Peak flow:** _______ to _______

*(50% - 80% of Personal Best)*

**Continue CONTROL Medicines and ADD RESCUE Medicines**

- Albuterol
- Levalbuterol (Xopenex)
- Ipratropium (Atrovent), MDI, ______ puffs with spacer every ______ hours as needed
- Albuterol 2.5 mg/3ml  
- Levalbuterol (Xopenex)  
- Ipratropium (Atrovent) 2.5mg/3ml  

one nebulizer treatment every ______ hours as needed

- Other: ______

**Call your Healthcare Provider if you need rescue medicine for more than 24 hours or two times a week, or if your rescue medicine doesn't work.**

## Red Zone: DANGER!

You have **ANY** of these:

- Can't talk, eat, or walk well
- Medicine is not helping
- Breathing hard and fast
- Blue lips and fingernails
- Tired or lethargic
- Ribs show

**Peak flow:** < _______

*(Less than 60% of Personal Best)*

**Continue CONTROL & RESCUE Medicines and GET HELP!**

- Albuterol
- Levalbuterol (Xopenex)
- Ipratropium (Atrovent), MDI, ______ puffs with spacer every 15 minutes, for THREE treatments.
- Albuterol 2.5 mg/3ml  
- Levalbuterol (Xopenex)  
- Ipratropium (Atrovent) 2.5mg/3ml  

one nebulizer treatment every 15 minutes, for THREE treatments

- Other: ______

**Call your doctor while administering the treatments.**

**IF YOU CANNOT CONTACT YOUR DOCTOR:**

**Call 911 or go directly to the Emergency Department NOW!**

### REQUIRED SIGNATURES:

I give permission for school personnel to follow this plan, administer medication and care for my child and contact my provider if necessary. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Asthma Management Plan for my child.

**PARENT/GUARDIAN**

<table>
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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>School Nurse/Designee</td>
<td>Date</td>
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<tr>
<td>Other</td>
<td>Date</td>
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CC:  

- Principal
- Cafeteria Mgr
- Bus Driver/Transportation
- School Staff
- Coach/PE
- Office Staff
- Parent/Guardian

**SCHOOL MEDICATION CONSENT & HEALTH CARE PROVIDER ORDER**

**Check One:**

- Student, in my opinion, can carry and self-administer inhaler at school.
- Student needs supervision or assistance to use inhaler, and should not carry the inhaler in school.

**HD/MP/PA SIGNATURE:**

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**Effective Dates:**

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Virginia Asthma Action Plan approved by the Virginia Asthma Coalition (VAC) 04/2015