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Maine School Asthma Plan

Maine Department of Health and Human Services

Maine Center for Disease Control and Prevention

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**Asthma Action Plan**

**For School Age Children**

**GREEN ZONE**

**GOOD!**

- **Look For These Signs**
  - No cough, wheeze, or difficulty breathing
  - Can sleep through the night
  - Can do regular activities

- **What You Should Do**
  - Take your **DAILY CONTROLLER MEDICINES**
  - Exercise regularly
  - Medicine to take before exercise:
    - Pulmicort Respules
    - Pulmicort Flexhaler
    - Flovent
    - Singular
    - Asmanex
  - Avoid your triggers:
    - Tobacco smoke
  - Notes:

**YELLOW ZONE**

**CAUTION!**

- **Look For These Signs**
  - Cough, wheeze, short of breath
  - Waking at night due to wheeze or cough more than 2 times a month
  - Can’t do regular activities
  - Using quick relief medicine more than 2 times a week (not counting use before exercise)

- **What You Should Do**
  - Keep taking your daily controller medicine
  - Begin using **QUICK RELIEF MEDICINE** every 4-6 hours as prescribed (Prime it first, if needed)
  - Notes:
    - If not better in 24-48 hours, call your doctor or nurse!
    - If at school, call parent

**RED ZONE**

**DANGER!**

- **Look For These Signs**
  - Very short of breath
  - Hard time walking or talking
  - Skin around neck or between ribs pulls in
  - Quick relief medicine not helping

- **What You Should Do**
  - Get help now
  - Take a nebulizer treatment
  - OR Take 4 puffs of quick relief medicine now

**CALL YOUR DOCTOR OR NURSE NOW!**

- OR Go to the Emergency Room
- or Call 911

**PEAK FLOW** — — less than

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**Classification:**

- □ Intermittent
- □ Mild Persistent
- □ Moderate Persistent
- □ Severe Persistent

**DAILY CONTROLLER MEDICINE**

- Pulmicort Respules ______ times/day
- Pulmicort Flexhaler ______ puffs ______ times/day
- Flovent ______ puffs ______ times/day
- Singular ______ puffs At bedtime
- Asmanex ______ puffs At bedtime
- Symbicort 2 puffs 2 times/day
- Advair ______ puffs 2 times/day
- Other

**QUICK RELIEF MEDICINE**

- □ Inhaler □ Nebulizer

  **Med:**
  - □ Inhaler □ Nebulizer
  - □ Inhaler □ Nebulizer

  **Dose:**
  - Frequency:

  **REMINDER:** GET A FLU SHOT

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**School:**

- Phone: Fax: __________

This child may carry her/his: Inhaled Asthma Medicine □ Yes □ No Epi-Pen □ Yes □ No □ N/A

Parent Authorizes the exchange of information about this child’s asthma between the physician’s office and the school nurse: □ Yes □ No

Maine law permits students to carry and use inhaled medicines and epi-pen after demonstrating appropriate use to the school nurse.

Please call the healthcare provider and the parent if the child is using quick relief inhaler more than 2 x per week (i.e. in excess of pre-exercise treatment)

Healthcare Provider Signature ___________________________ Phone ___________________________

School Nurse Signature ___________________________ Phone ___________________________

Parent Signature ___________________________ Phone ___________________________

Form revised 06/10
Maine Asthma Council

Physicians: Fax completed copy to school nurse
Parents: Keep this handy