Asthma Action Plan for Student-Home & School

NJ Law N.J.S.A. 18A:40-12.8 (Healthcare Provider's Order)

Parent/Guardian- fills out TOP, and SIGNS at bottom!

Healthcare Provider- fills out REMAINDER & SIGNS & STAMPS at bottom

nearthcare Provider- This out REMAIN	DER & SIGNS & STAMPS at bottom:	
Students Name:	DOB:	Effective Date:
Parent/Guardian Emergency Contact:	Phone:	Phone:
Healthcare Provider (fills out everything below):	Phone:	Fax:
HEALTHY - Green Zone>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	Maintenance Medication - Green "Healthy" Zone	TRIGGERS - Healthcare Provider
Vou have all of these: Breathing is good Can work, exercise and play	Amount, Dosage & Frequency: Advair HFA45115230>>>2 puffs 2x dailyAerospan>>>>>>>> 1 puff2 puffs 2x dailyAlvesco80160>>>>1 puff2 puffs	checks all items that apply: ~Colds/flu ~Exercise ~Allergens:
No cough or wheezeSleep through night	Dulera100200>>>>>>>> 2 puffs 2x dailyFlovent44110220->>>>> 2 puffs 2x dailyQvar4080>>>>>> 1 puff2 puffs 2x dailySymbicort80160>>>> 1 puff2 puffs 2x dailyAdvair Diskus100250500>> 1 inhalation 2x dailyAsmanex Twisthaler110220>>>> 1 inhalation2	 Dust mitesduststuffed animalscarpet Pollentreesgrassweeds Mold Petsanimal dander Pestsrodentscockroaches
*If exercise triggers asthma, takepuffsbefore exercise!	inhalations1x daily2x dailyFlovent Diskus_50_100_250>>>>>1 inhalation 2x dailyPulmicort Flexhaler90180>>>1 inhalation2 inhalations1x daily2x daily	Cigarette smoke & 2 nd hand smoke Perfumes, cleaning products, scented products
*Use spacer as directed & rinse mouth after use!	Pulmicort Respules0.250.51.0>> 1 unit nebulized1x daily2x dailySingulair (Montelukast)4510>> 1 tablet dailyOtherNone	 Smoke from burning inside or outside smoke Weather Sudden temperature change Extreme weather – hot & cold
CAUTION - Yellow Zone>>>>>>>>>>>>>	Medication - Yellow "Caution" Zone	Ozone alert days
May have any of these: Some problems breathing Cough/Wheeze	Amount, Dosage & Frequency: Albuterol MDI (Pro-air or Proventil or Ventolin) 2 puffs every 4 hrs. as neededXopenex 2 puffs every 4 hrs. as needed Albuterol1.252.5 - 1 unit nebulized unit every 4 hrs. as neededDuoneb 1 unit nebulized every 4 hrs. as needed Young a line in the line of the second in the	~Foods:
 Tight chest Problems working or playing Awake at night Other: 	Xopenex (Levalbuterol)0.310.631.25 - 1 unit nebulized every 4 hrs. as neededCombivent Respimat - 1 inhalation 4x dailyIncrease the dose of or add	This asthma action plan is meant to assist, not
*If quick relief medicine does not help within 15-20 minutes or has been used more than 2 x's & symptoms persist, call HCP or go the ER.	*If quick relief medication is needed more than 2 x a week, except before exercise, call your Healthcare Provider.	replace, the clinical decision-making required to meet individual patient needs. Healthcare Provider's SIGNATURE on line below & STAMP below line!
EMERGENCY - Red Zone>>>>>>>>>>>>>>	Medication - Red "Emergency" Zone	Delow & OTAMI Delow line:
Asthma is getting worse fast:	Take these meds NOW and CALL 911; Asthma can be a life-threatening illness, so do not wait! Albuterol MDI (Pro-air, or Proventi or Ventolin)4 puffs every 20 minutesXopenex 4 puffs every 20 minutes	
Breathing is hard or fastNose opens wideRibs show	Albuterol1.252.5 - 1 unit nebulized every 20 minutesDuoneb - 1 unit nebulized every 20 minutesXopenex0.310.631.25 - 1 unit nebulized every 20 minutesCombivent Respimat - 1 inhalation 4x	
Trouble walking and talkingLips blueFingernails blue	daily_Other Permission to Self-Administer Medication:	I give permission for the medication listed in this Asthma Action Plan to be administered to my child during the school day, school sponsored trips/activities, by the school nurse, or other staff deemed appropriate, if needed. I give permission for the school nurse to share pertinent health information regarding my child with essential school personnel, emergency contacts, prescribing healthcare provider, and school physician, if
Other:	This student is capable and has been instructed in the proper method of self-administering of the non-nebulized inhaled medications named above in accordance with NJ Law.	conducts, prescrious neumcure provider, and scinool physical newed. I dexhowledge that the school muse and staff shall incur no liability because of any condition arising from decisions made on behalf of my child, and in the best interest of my child's health and welfare. I indemnify and hold the school, school nurse, its employees, and agents harmless against claims arising from the decisions made on behalf of my child and in the best interest of my child's health and welfare.
	This student is not approved to self-medicate, or carry.	Powert/Counting
	*Make copy for Parent/Guardian & send original to School Nurse!	Parent/Guardian SIGNATURE: