

Weslaco Independent School District Asthma Action Plan

Students Name: _____		DOB: _____	
Parent's/Guardian's Name: _____		_____	
Parent's/Guardian's Phone #: _____		_____	
Important! Things that make your asthma worse (Triggers): <input type="checkbox"/> smoke <input type="checkbox"/> pets <input type="checkbox"/> mold <input type="checkbox"/> dust <input type="checkbox"/> tree/grass/weed pollen <input type="checkbox"/> colds/viruses <input type="checkbox"/> exercise <input type="checkbox"/> seasons: other: _____			
Severity Classification: Severe Persistent Moderate Persistent Mild Persistent Intermittent			
GO – You're Doing Well! USE THESE MEDICINES EVERY DAY TO PREVENT SYMPTOMS			
You have all of these: <ul style="list-style-type: none"> • Breathing is good • No cough or wheeze • Sleep through the night • Can work and play 	CONTROLLER MEDICINE		DIRECTIONS
	If your child usually has symptoms with exercise then give:		
Peak Flow may be useful for some kids.		Inhalers work better with spacers. Always use with a mask when prescribed.	
CAUTION – Slow Down! Continue with Green Zone Medicine and Add:			
You have any of these: <ul style="list-style-type: none"> • First signs of a cold • Exposure to known trigger • Cough • Wheeze • Tight chest • Coughing at night 	RESCUE MEDICINE		DIRECTIONS
	Then: Wait 20 minutes and see if the treatment(s) helped If you are GETTING WORSE or NOT IMPROVING after the treatment(s) GO TO RED ZONE If you are BETTER , continue treatments every 4 to 6 hours as needed for 24 to 48 hours. Then: If you still have symptoms after 24 hours, CALL YOUR DOCTOR and if he/she agrees: Start: _____ If rescue medication is needed more than 2 times a week, call your doctor at: _____		
DANGER – Get Help! TAKE THESE MEDICINES AND SEEK MEDICAL HELP NOW!			
Your asthma is getting worse fast: <ul style="list-style-type: none"> • Medicine is not helping • Breathing is hard and fast • Nose opens wide • Can't talk well • Getting nervous 	RESCUE MEDICINE		DIRECTIONS
	Then: Wait 15 minutes and see if treatment helped <ul style="list-style-type: none"> • If GETTING WORSE or NOT IMPROVING, go to the hospital or call 911 • If you are getting BETTER, continue treatments every 4 to 6 hours and call your doctor – say you are having an asthma attack and need to be seen TODAY! Then: If your doctor agrees, start: _____		
Make an appointment with your primary care provider within two days of an emergency visit, hospitalization, or anytime for ANY problem or question with asthma <ul style="list-style-type: none"> • School Nurse: Call provider for control concerns or if rescue medication is used more than 2 times/week for asthma symptoms • Parents: Call your doctor for control concerns or if rescue medication is used more than 2 times/week for asthma symptoms 			
Self-Administration: This student is capable to safely and properly self-administer this medication OR This student is not approved to self-administer this medication			
Signature: _____		Provider Printed Name: _____ Date: ____/____/____	
This form is valid for one school year			
Parent/Guardian Consent: REQUIRED <input type="checkbox"/> I authorize this medication to be administered by school personnel <div style="text-align: center;">OR</div> <input type="checkbox"/> I authorize the student to possess and self-administer medication. <input type="checkbox"/> I also authorize communication between the prescribing health care provider, the school nurse, for asthma management and administration of this medication.			
Parent/Guardian Signature: _____		Date: ____/____/____	
* Bring asthma meds and spacer to all visit			