TLCS Asthma Action Plan-Doctor Signature Required

Patient Name	Weight	Date of Birth	Peak Flow
Primary Care Provider Name		Phone	
Severity Classification			
O Intermittent O Moderate Persisten	t O Mild Persistent	O Severe Persistent	Asthma Severity
Friggers			
O Colds O Smoke O Weather O	Exercise O Dust C	Air Pollution O Animals	O Food
O Other			3.664
			
f triggered by exercise			
L. Premedication (how much and when) _			
2. Exercise modifications			
Green Zone	The GREEN ZONE means take the following medicine(s) every day.		
"Go! All Clear!"	Controller Medicine(s)		Dose
Breathing is easy			
Can play, work			
and sleep without asthma symptoms			
astima symptoms			
_	Spacer Used		
	_	licine if needed 10-20 minutes l	before sports, exercise or any
	other strenuous activity	∛•	
Peak Flow Range			
(80% - 100% of personal best)			
Yellow Zone	The YELLOW ZONE means keep taking your GREEN ZONE controller medicine(s)		
"Caution"	every day and add the forgetting worse.	llowing medicine(s) to help keep	the asthma symptoms from
Breathing is easy	Reliever Medicine(s)		Dose
• Cough or wheeze	Renever Medicine(s)		Dose
Chest is tight			
	If beginning cold sympto	oms, call your doctor before start	ing oral steroids.
Peak Flow Range		•	
(50% - 80% of personal best)			
Use Quick Reliever (two - four puffs) eve			
better or you do not return to the GREE			
ZONE for more than 12-24 hours, call yo	our provider. It your bre	atning symptoms get worse, ca	iii your provider.
Red Zone		start taking your RED ZONE me	· · · · · · · · · · · · · · · · · · ·
"STOP! Medical Alert!"		cines until you talk with your doc h your doctor, go to a hospital e i	tor. If your symptoms do not get
Medicine is not helping	911 immediately.	i your doctor, go to a nospital el	mergency department of can
Nose opens wide to	Reliever Medicine(s)		Dose
breathe	Renevel Medicine(s)		Dosc
Breathing is hard and fast Trouble Welking			
Trouble Walking Trouble Talking			
Trouble Talking Pibs show			
Ribs show			
Peak Flow Range			
(Below 50% of personal best)			

SHOULD AN ASTHMA EMERGENCY OCCUR, THE FOLI		
OTHER MEDICATIONS STUDENT IS TAKING:		
Name of medication	Dosage	
Name of medication	Dosage	
Name of medication	Dosage	
Parent/Guardian Signature		·
Physician Signature		

Physician/Healthcare Provider_____PHONE____

An asthma emergency may be characterized by a student struggling to breathe, having difficulty talking or being unable to speak, having retractions (skin between ribs sinks in with each breath), or if the lips or nails turn blue or