

# TLCS Asthma Action Plan-Doctor Signature Required

Patient Name \_\_\_\_\_ Weight \_\_\_\_\_ Date of Birth \_\_\_\_\_ Peak Flow \_\_\_\_\_

Primary Care Provider Name \_\_\_\_\_ Phone \_\_\_\_\_

## Severity Classification

- Intermittent    Moderate Persistent    Mild Persistent    Severe Persistent

**Asthma Severity**


## Triggers


- Colds    Smoke    Weather    Exercise    Dust    Air Pollution    Animals    Food  
 Other \_\_\_\_\_

## If triggered by exercise


1. Premedication (how much and when) \_\_\_\_\_

2. Exercise modifications \_\_\_\_\_

<p style="text-align: center;"><b>Green Zone</b> “Go! All Clear!”</p>  <ul style="list-style-type: none"><li>• Breathing is easy</li><li>• Can play, work and sleep without asthma symptoms</li></ul> <p style="text-align: center;"><b>Peak Flow Range</b> (80% - 100% of personal best)</p>	<p>The <b>GREEN ZONE</b> means take the following medicine(s) every day.</p> <table border="0" style="width: 100%;"><tr><td style="width: 60%;"><b>Controller Medicine(s)</b></td><td style="width: 40%;"><b>Dose</b></td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></table> <p>Spacer Used _____</p> <p><b>Take the following medicine if needed 10-20 minutes before sports, exercise or any other strenuous activity.</b></p> <p>_____</p>	<b>Controller Medicine(s)</b>	<b>Dose</b>	_____	_____	_____	_____	_____	_____
<b>Controller Medicine(s)</b>	<b>Dose</b>								
_____	_____								
_____	_____								
_____	_____								

<p style="text-align: center;"><b>Yellow Zone</b> “Caution...”</p>  <ul style="list-style-type: none"><li>• Breathing is easy</li><li>• Cough or wheeze</li><li>• Chest is tight</li></ul> <p style="text-align: center;"><b>Peak Flow Range</b> (50% - 80% of personal best)</p>	<p>The <b>YELLOW ZONE</b> means keep taking your GREEN ZONE controller medicine(s) every day and add the following medicine(s) to help keep the asthma symptoms from getting worse.</p> <table border="0" style="width: 100%;"><tr><td style="width: 60%;"><b>Reliever Medicine(s)</b></td><td style="width: 40%;"><b>Dose</b></td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></table> <p>If beginning cold symptoms, call your doctor before starting oral steroids.</p> <p>_____</p>	<b>Reliever Medicine(s)</b>	<b>Dose</b>	_____	_____	_____	_____
<b>Reliever Medicine(s)</b>	<b>Dose</b>						
_____	_____						
_____	_____						

**Use Quick Reliever (two - four puffs) every 20 minutes for up to one hour or use nebulizer once. If your symptoms are not better or you do not return to the GREEN ZONE after one hour, follow RED ZONE instructions. If you are in the YELLOW ZONE for more than 12-24 hours, call your provider. If your breathing symptoms get worse, call your provider.**

<p style="text-align: center;"><b>Red Zone</b> "STOP! Medical Alert!"</p>  <ul style="list-style-type: none"><li>• Medicine is not helping</li><li>• Nose opens wide to breathe</li><li>• Breathing is hard and fast</li><li>• Trouble Walking</li><li>• Trouble Talking</li><li>• Ribs show</li></ul> <p style="text-align: center;"><b>Peak Flow Range</b> (Below 50% of personal best)</p>	<p>The <b>RED ZONE</b> means start taking your RED ZONE medicine(s) and call your doctor NOW! Take these medicines until you talk with your doctor. If your symptoms do not get better and you can't reach your doctor, go to a <b>hospital emergency department or call 911 immediately.</b></p> <table border="0" style="width: 100%;"><tr><td style="width: 60%;"><b>Reliever Medicine(s)</b></td><td style="width: 40%;"><b>Dose</b></td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></table>	<b>Reliever Medicine(s)</b>	<b>Dose</b>	_____	_____	_____	_____	_____	_____
<b>Reliever Medicine(s)</b>	<b>Dose</b>								
_____	_____								
_____	_____								
_____	_____								

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 gray.

**SHOULD AN ASTHMA EMERGENCY OCCUR, THE FOLLOWING ACTION SHOULD BE ATTEMPTED:**

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**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** \_\_\_\_\_