DAVILA DAY SCHOOL Asthma Action Plan

Child's Na		14 11			Grade	: Teacher:							
	wing is to be conserved severity: (circle		y the PHYSCICLE ermittent mild pe	AN: ersistent	moderate	persistent severe persistent							
2. Medications (at school AND home): A. QUICK-RELIEF or "Rescue" Medication Name: MDI, oral, neb? Dosage or # of Puffs													
	- <i>KELIEF</i> 01 Ke				, neo:								
2				MDI oral	noh?	Dosage or # of Puffs Time of Day							
	E Med Name (e			wiDi, orai,	MDI, oral, neb? Dosage or # of Puffs Time of D								
2					1.0	D # CD 66							
_	E PE, Exertion:			MDI, oral,	, neb?	Dosage or # of Puffs							
2				1 11 66									
3. For student on inhaled medication (all students must go to health office for oral medications) Assist student with medication Remind student to take medication May carry own medications, if responsible.													
4. Circle Known Triggers: tobacco pesticide animals dust birds cleansers car exhaust perfume mold cockroach													
	exercise Other:		st' neak flow reading i	ınder the 100	0% box (bel	ow): Multiply by 8 & 5 respectively							
100%	deak Flow:Write patient's 'personal best' peak flow reading100%Green Zone80%Yellow Z			ne	50%	Red Zone	٦						
Peak		Starting to cough, v			Peak	Cough, short of breath, trouble walking or talking							
flow=	No	flow=	At home/school: Given		flow=								
	Symptoms		Relief' med; Notify p <u>Parent/MD:</u> Increas			Take Rescue Meds: -If student improves to 'yellow zone', send							
			controller dose			student to doctor or contact doctor							
						-if student stays in 'red zone', begin Emergency Plan.							
or b) Peak flo plue color, T l In yellow or	w is <50% of us HEN 1. Give Re red zone? Stude	ual best, or coscue Meds; Rents with sym	Trouble walking, of depeat in 20 min if h ptoms who need to u	or talking, o elp not arri use 'rescue	or d) Chest/ved; 2. See meds' freq	ER initial treatment with rescue medication neck muscle retract with breaths, hunched, extended extended the extended that the extended	or						
Physician's		Licer	nse#		_ SignatureDate								
Office Add	lress:		(Office Telep	phone #:								
†Includes nur	se practioner or other	er health care pro	vider as long as there is a	authority to pr	escribe.								
 The following is to be completed by the PARENT OR GUARDIAN requesting medication in school: An adult must deliver the medication and this completed form to the school. This form will be completed again by the doctor every school year (or more often if doctor has put a time limit on the prescription). I request that the school nurse or other designated person administer medications as directed by the physician (above). I authorize school health professional to communicate with the prescribing physician, if I am notified, when the school or physician want more information about school asthma symptoms or management. 													
Parent/Guardian's Signature: Date: Home Phone Number:													
Emergency	Emergency Contact: Phone Number:												
Emergency			Phone Number:										

DAVILA DAY SCHOOL Asthma Action Plan

Child's Na	ime:		Birthda		Grade	e:	Teacher:					
			y the PHYSCICI				•					
 Asthma severity: (circle one): intermittent mild persistent moderate persistent severe persistent Medications (at school AND home): 												
	<i>T-RELIEF</i> or "Re		otion Nome:	MDI, oral, neb?		Dosage or # of Puffs						
				MIDI, orai, neo?		Dosage of # of Pulls						
1												
2	VE Med Name (e	a anti inflam	matory)	MDI, oral	neh?	Dosage or # of Puffs Time of Day						
				WIDI, Olai,	, iico:	DOS	age of # of Fulls	Tille of Day				
2												
C REFOR	PE PE, Exertion:	Medication		MDI oral	MDI, oral, neb? Dosage or # of Puffs							
				WID1, Oran	, neo.	DUS	age of # of f alls					
2.												
3. For stud	dent on inhaled n	nedication (al	l students must go t	o health off	ice for ora	ıl med	dications)					
Assist student with medication Remind student to take medication May carry own medications, if responsible. 4. <u>Circle Known Triggers:</u> tobacco pesticide animals dust birds cleansers car exhaust perfume mold cockroach												
	r exercise Other:	roometo pesite	ide ammais dust on	do cicansors	our online	, per	Tunno mora coemoaen					
5. Peak Flo	ow: Write patient	's 'personal be	st' peak flow reading	under the 10	0% box (be	low):	Multiply by .8 & .5 resp	pectively				
100%	Green Zone	80%	Yellow Zo		50%		Red Zo					
	1		Starting to cough,				Cough, short of bi	, short of breath, trouble				
Peak		Peak	feel short of breath		Peak		walking or					
flow=	I cun		At home/school: Gi		flow=		At home/school:					
110 11	Symptoms	110	Relief' med; Notify		110 ,,		Take Rescue Meds:					
	Symptoms		Parent/MD: Increa	ise			-If student improves to 'y	vellow zone', send				
			controller dose				student to doctor or cont	act doctor				
							-if student stays in 'red z	one', begin				
							Emergency Plan.					
or b) Peak floolue color, T In yellow or	ow is <50% of us HEN 1. Give Re <u>red zone?</u> Stude	ual best, or c scue Meds; R ents with sym	Trouble walking, of the tension of t	or talking, o nelp not arri use 'rescue	r d) Chest ved; 2. See meds' free	/neck ek en quent	nitial treatment with reamuscle retract with brancher care (911); 3); and the many need change in dent had symptoms and	eaths, hunched, or Contact parent; routine				
Physician'	s † Name (print)		Lice	nse#		_ Sig	gnature	Date				
Office Add	dress:		1	Office Teles	phone #·							
			vider as long as there is									
Incredes no		- Hearth Care pro	vider us long us there is	additionity to pr	escribe.							
• U • So do Pido que la Autorizo a	ín adulto debe en erá llenada el for e tiempo en la pro a enfermera de la l professional de	tregar la med mulario otra escripción). escuela o la salud de la e	icación y este llena vez por el doctor ca persona señalada ac	da el formul da año esco Iminister me con el medic	lario a la e lar (o más edicacione o que pres	squel a me es seg scribe	enudo si el doctor ha pu gún lo dirigido por el m e, si me notifican, cuan	nesto un limite				
	Firma del Padre/de Guarda: Fecha: Numero de Teléfono:											
	Contacto de la Emergencia: Numero de Teléfono:											
Contacto d	le la Emergencia:			Numero de Teléfono:								