### Virginia Asthma Action Plan

**Effective Dates:**

<table>
<thead>
<tr>
<th>School:</th>
<th>Health Care Provider</th>
<th>Emergency Contact</th>
<th>Date of Birth</th>
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<tr>
<th>Provider Phone #</th>
<th>Phone: area code + number</th>
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<tr>
<th>Fax #</th>
<th>Contact by text?</th>
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<td>YES</td>
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#### Medical provider complete from here down

**Asthma Triggers (Things that make your asthma)**

- [ ] Colds
- [ ] Dust
- [ ] Animals: ________________
- [ ] Strong odors
- [ ] Smoke (tobacco, incense)
- [ ] Acid reflux
- [ ] Pests rodents, cockroaches)
- [ ] Mold/moisture
- [ ] Pollen
- [ ] Exercise
- [ ] Other: ________________
- [ ] Stress/Emotions
- [ ] Season: ________________
  - [ ] Fall
  - [ ] Spring
  - [ ] Winter
  - [ ] Summer

**Asthma Severity:**

- [ ] Intermittent
- [ ] Persistent
- [ ] Mild
- [ ] Moderate
- [ ] Severe

### Green Zone: Go!

**Take these CONTROL Medicines every day at home**

**You have ALL of these:**

- Breathing is easy
- No cough or wheeze
- Can work and play
- Can sleep all night

**Peak flow:** __________ to __________

(More than 80% of Personal Best)

**Personal best peak flow:**

Always rinse your mouth after using your inhaler. Remember to use a spacer with your MDI when possible.

- [ ] No control medicines
- [ ] Advair __________
- [ ] Alvesco __________
- [ ] Arnuity __________
- [ ] Asmanex __________
- [ ] Breo __________
- [ ] Budesonide __________
- [ ] Dulera __________
- [ ] Flovent __________
- [ ] Pulmicort __________
- [ ] QVAR Redilhale __________
- [ ] Symbicort __________
- [ ] Other: __________

MDI: __________ puff(s) ______ times per day or Nebulizer Treatment: ______ times per day

Singular/Montelukast take __________ mg by mouth once daily

**For Asthma with exercise/sports add:** MDI w/spacer 2 puffs, 15 minutes prior to exercise.

- [ ] Albuterol
- [ ] Xopenex
- [ ] Ipratropium

If asymptomatic not < than every 6 hours

### Yellow Zone: Caution!

**Continue CONTROL Medicines and ADD RESCUE Medicines**

**You have ANY of these:**

- Cough of mild wheeze
- First sign of cold
- Tight chest
- Problems sleeping, working, or playing

**Peak flow:** __________ to __________

(60% - 80% of Personal Best)

- [ ] Albuterol
- [ ] Levalbuterol (Xopenex)
- [ ] Ipratropium (Atrovent)

MDI: ________ puffs with spacer every ________ hours as needed

- [ ] Albuterol 2.5 mg/3ml
- [ ] Levalbuterol (Xopenex)
- [ ] Ipratropium (Atrovent) 2.5mg/3ml

Nebulizer Treatment: one treatment every ________ Hours as needed

_Call your Healthcare Provider if you need rescue medicine for more than 24 hours or two times a week or if your rescue medicine does not work._

### Red Zone: DANGER!

**Continue CONTROL & RESCUE Medicines and GET HELP!**

**You have ANY of these:**

- Can't talk, eat, or walk well
- Medication is not helping
- Breathing hard and fast
- Blue lips and fingernails
- Tired or lethargic
- Risks show

**Peak flow:** <__________

(Less than 60% of Personal Best)

**MDI/MDI+PAPSOLUTE:**

**Call 911 or go directly to the Emergency Department NOW!**

### SCHOOL MEDICATION CONSENT & HEALTH CARE PROVIDER ORDER

**CHECK ALL THAT APPLY**

- [ ] Student may carry and self-administer inhaler at school.
- [ ] Student needs supervision/assistance & should not carry the inhaler in school.

**Transportation**

- [ ] Principal
- [ ] School Nurse or clinic
- [ ] Office Staff
- [ ] Coach/PE

**Note:**

- [ ] Bus Driver
- [ ] Cafeteria Mgr

**Parent/Guardian:**

**Date:**

**MDI/PAPSOLUTE:**

**Date:**

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*Virginia Asthma Action Plan approved by the Virginia Asthma Coalition (VAC) 03/2019*

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