

Weimar Independent School District Asthma Action Plan

Patient's Name	DOB	Effective Date: ___/___/___ to ___/___/___	
Check Asthma Severity:	Mild Intermittent	Mild Persistent	Moderate Persistent
			Severe Persistent

Trigger List: (check all that apply)

<input type="checkbox"/> Chalk Dust	<input type="checkbox"/> Cigarette Smoke	<input type="checkbox"/> Colds/Flu
<input type="checkbox"/> Dust/Dust Mites	<input type="checkbox"/> Stuffed Animals	<input type="checkbox"/> Carpet
<input type="checkbox"/> Exercise	<input type="checkbox"/> Mold	<input type="checkbox"/> Ozone Alert Days
<input type="checkbox"/> Pests	<input type="checkbox"/> Pets	<input type="checkbox"/> Plants, Flowers, Cut Grass & Pollen
<input type="checkbox"/> Strong Odors	<input type="checkbox"/> Perfume	<input type="checkbox"/> Cleaning Products
<input type="checkbox"/> Sudden Temperature Changes	<input type="checkbox"/> Wood Smoke	<input type="checkbox"/> Foods:
<input type="checkbox"/> Other:		

GOOD CONTROL Use these medications every day.

You have **all** of these:

- * Breathing is good
- * No Cough or wheeze
- * Sleep through the night
- * Can work and play

Medicine/Dosage	How Much to Take	When to Take It
Comments:		
For exercise, take:		

CAUTION Continue with daily medicine and ADD:

You have any of these:

- * First sign of a cold
- * Exposure to a know trigger
- * Cough
- * Mild wheeze
- * Tight Chest
- * Caught at night
- * Can do some but not all usual activities
- * Peak Flow 50-80%

Medicine/Dosage	How Much to Take	When to Take It
Comments:		
If Quick Reliever/Yellow Zone medicines are used more than 2 to 3 times per week, CALL your Doctor		

DANGER ZONE Take these medications and call your doctor

Your asthma is getting worse fast:

- * Medicine is not helping within 15-20 minutes
- * Breathing is hard and fast
- * Nose opens wide
- * Ribs show
- * Lips blue
- * Fingernails blue or gray
- * Trouble walking or talking
- * Coughs constantly
- * Stiff/stooped posture
- * Peak Flow below 50%

Medicine/Dosage	How Much to Take	When to Take It
Comments:		
GET HELP FROM A DOCTOR NOW! If you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT.		

Physician Signature:	Date:
Parent Signature:	Date
Child may transport listed medications to and from school and self admister? <input type="checkbox"/> Yes <input type="checkbox"/> No	