	ASTHMA AC	TION PLAN	<u> </u>	Student Photo Here
Student Name	Birthdate	Grade		
Effective Date: School Year 2	0 20 (including summ	ner school) OR	R FromTo _	
To be completed by a practit	tioner:			
<b>Triggers:</b> (check applicable)  ☐ Exercise	☐ Respiratory infections		Animal dander	□ Other
☐ Temperature changes ☐ Tree, grass pollens	☐ Food ☐ Mold	<ul><li>☐ Dust mites</li><li>☐ Strong odors or fumes</li></ul>		
GREEN ZONE: Doing Well				
Symptoms	Daily Asthma Control Me	edicine	Dose	Time Given
<ul> <li>No cough or wheeze</li> <li>Can work or play</li> <li>Sleeps all night</li> <li>Breathing is good</li> </ul>				
	ymptoms – Use Rescue Inha	ler		
Symptoms	Medicine		How many puffs	When and how often to use
<ul> <li>Difficulty speaking</li> <li>Wheezing</li> <li>Chest tightness</li> <li>Shortness of breath</li> <li>Persistent coughing</li> </ul>				
☐ Give more puffs x Sick plan: Give the inhaler at	neck applicable) r 15 minutes before gym/recess of the rescue inhaler if sympton t scheduled times when the stud Use Rescue Inhaler; Call 911	ns have not imp lent is ill per pa	rent/guardian direction	on
Symptoms	Medicine	, ,	How many puffs	
<ul> <li>Relief inhaler did not help</li> <li>Cannot work or play, anxious</li> <li>Trouble talking, gasping</li> <li>Breathing hard &amp; fast, ribs sticking out</li> </ul>				
□ YES □ NO Student understa	ands asthma AND has successful and during school sponsored			
PARENT/GUARDIAN SIGNATION I hereby give permission to staff designabove and authorize them to contact the staff designation of the staff designati	nated by the school principal or nurse to	Progive the above m	noneedication to my student ac	Date ccording to the instructions stated
PRACTITIONER SIGNATURE Practitioner signature directs the above	e medication administration and indicate	Pes willingness to co	hone	Date taff regarding this medication.

Central WI Nurses/ Asthma Action Plan September 2019

## YELLOW ZONE: Having Symptoms

#### School staff directions:

DO NOT leave the student alone.

Remove student from any obvious trigger and escort student to health office.

Seat student in position of comfort. Do not insist s/he lie down

Give initial treatment of quick-relief medicine and allow for rest. Improvement is usually seen within 5-10 minutes after use of quick-relief medicine.

An asthma emergency is indicated by no response to treatment or worsening symptoms. Notify school nurse and parent.

## RED ZONE: Emergency – Use Rescue Inhaler; Call 911 and parent/guardian if student not better right away

### School staff directions:

Contact parent /guardian **NOW** regarding severity of student's asthma episode and urgent need for evaluation by a health care provider.

Parent/guardian/emergency contact must arrive within 10 minutes to take student to a medical facility, or **CALL 911.** Send this Asthma Action Plan with student.

## **Rescue Inhaler Instructions**

### **HOW TO USE AN INHALER**

Stand up (or sit up straight).

- 1. Shake the inhaler well to mix up the medicine
- **2.** Remove the cap from the inhaler. Inspect the inhaler to make sure there is nothing in it that could be accidentally inhaled.
- **3.** Inhalers must be "primed" the first time they are used and when not used for two weeks.\* Spray 4 times into the air, away from the face to ensure medication is flowing freely. Hold the inhaler upright or it will not spray correctly.
- 4. Exhale all your air out fully.
- **5**. Before inhaling, put the mouthpiece of the inhaler into your mouth over your tongue and between your teeth. Close your lips around it while tilting your head and the inhaler back slightly. Press down on the inhaler canister and breathe in slowly and deeply (over about 5 seconds) through your mouth.
- **6**. Hold breath for 10 seconds.

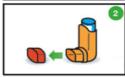
Wait 1-2 minutes between puffs.

Rinse mouth after using the inhaler.

\*Xopenex (levalbuterol) inhalers should be primed if not used for 3 days.

- **7**. Breathe in slowly and deeply (over about 5 seconds) through your mouth. Some chambers will whistle if you are breathing in too fast. If you hear a whistling sound, breathe in slower until no sound can be heard.
- 8. Hold breath for 10 seconds.
- **9.** Chambers with mask mouthpieces advise pressing the canister to fill the chamber, then slowly breathing in and out six times. Breath-holding after is not required.













# HOW TO USE AN INHALER WITH A HOLDING CHAMBER

## Repeat steps 1-4 above

**5**. Before inhaling, put the mouthpiece of the chamber into your mouth over your tongue and between your teeth. Close your lips around it while tilting your head and the inhaler back slightly.

6. Press down on the inhaler canister

