## Asthma Action Plan & School Medication Authorization Important! Things that make your asthma worse (Triggers): smoke pets mold dust-mites □pollen/trees □colds/viruses □exercise □seasons: other: Severity Classification: Intermittent Mild Persistent Moderate Persistent Severe Persistent GO ZONE - You're Doing Well! USE THESE **MEDICINES EVERYDAY** TO PREVENT SYMPTOMS CONTROLLER MEDICINE (Dose/Route) **HOW OFTEN/WHEN** HOW MUCH If you have all of these: Breathing is good AM/PM Puffs Inhaled • No cough or wheeze □ with spacer Sleep through AM/PM the night Can work AM/PM and play 4. Albuterol MDI 90 Puffs Inhaled with spacer Please order a VHC Spacer to use with any MDIs $\square$ Every 4 hours as needed before exercise **CAUTION ZONE - Slow Down!** CONTINUE WITH GO ZONE MEDICINE and ADD: HOW MUCH **HOW OFTEN/WHEN** RESCUE MEDICINE If you have any of these: 1. Albuterol MDI 90 Puffs Inhaled with spacer · First signs of a cold OR ☐ May Repeat x 1 in 20 minutes *if needed* Exposure to known trigger Every \_\_\_\_\_ hours 2. Nebulized Albuterol 2.5mg Vial inhaled Cough Wheeze ☐ May repeat x 1 in 20 minutes *if needed* Tight chest Coughing at night >If getting worse follow directions in DANGER ZONE and Call your Health Care Provider >If not improved in 2 days or any asthma questions/concerns - Call your Health Care Provider School Nurse: Call parent or provider if using PRN medication more than 2 days/week for asthma symptoms or for control concerns **DANGER ZONE - Get Help!** TAKE THESE MEDICINES AND CALL YOUR PROVIDER NOW MEDICINE HOW MUCH HOW OFTEN/WHEN If your Asthma is 1. Albuterol MDI 90 Puffs Inhaled with spacer NOW! getting worse fast: OR ☐ Repeat x 1 in 20 minutes *if needed* Medicine is not helping · Breathing is hard and fast 1 vial inhaled NOW! 2 .Nebulized Albuterol 2.5mg Nose opens wide ☐ Repeat x 1 in 20 minutes *if needed* · Can't talk well > Call your Health Care Provider now! If they are not available, go directly to the emergency room Getting nervous or call 911 and bring this form with you. Make an appointment after all E.R. visits. HEALTH CARE PROVIDER SCHOOL MEDICATION AUTHORIZATION REQUIRED FOR Albuterol as stated in above plan, and in accordance with CT State Law and Regulations 10-212a \* Not to exceed 6 puffs within regular school hrs (6hrs), without notifying provider Office Stamp Medication Allergies: ☐ NKDA, or Side effects: □Not expected, or \_ Self-Administration: ☐This student is capable to safely and properly self-administer this medication OR ☐This student is not approved to self-administer this medication Signature: Duration: One school year /365 days Parent/Guardian Consent: REQUIRED ☐ I authorize the student to **possess** and **self-administer** medication **OR** ☐ I authorize this medication to be administered by school personnel I authorize exchange of information between the prescribing health care provider and school nurse to ensure the safe administration of this medication plan

Date:

Date:

\* Bring asthma meds and spacer to all visits

Acknowledges review of Medication Plan

Signature:

Signature

Nurse