

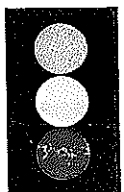
Asthma Action Plan & School Medication Authorization

➤ Please order a VHC Spacer to use with any MDIs

Name: _____ DOB: _____ Date: _____

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 – You're Doing Well! USE THESE MEDICINES EVERYDAY TO PREVENT SYMPTOMS

- You have all of these:**
- Breathing is good
 - No cough or wheeze
 - Sleep through the night
 - Can work and play



CONTROLLER MEDICINE	HOW MUCH	HOW OFTEN/WHEN
1. _____	_____ puffs <input type="checkbox"/> with Spacer	AM / PM
2. _____	Squirt(s), each nostril	AM / PM
3. _____	_____	AM / PM
4. Albuterol / Xopenex (circle one)	_____ puffs <input type="checkbox"/> with Spacer	<input type="checkbox"/> Before Exercise as needed

CAUTION – Slow Down! CONTINUE WITH GREEN ZONE MEDICINE and ADD:

- You have any of these:**
- First signs of a cold
 - Exposure to known trigger
 - Cough
 - Wheeze
 - Tight chest
 - Coughing at night



RESCUE MEDICINE (Circle one)	HOW MUCH	HOW OFTEN/WHEN
1. Albuterol / Xopenex (circle one)	_____ Puffs/ 1 vial <input type="checkbox"/> with Spacer	Every _____ Hours <input type="checkbox"/> May repeat in 20 minutes if needed
2. _____	_____	_____

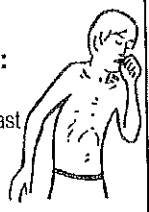
➤ **Call your Health Care Provider:**

- If getting worse and go to the **RED ZONE** or
- Not improved in 2 days or any questions concerns about your asthma

School Nurse: Call parent or provider if using PRN medication more than 2 times/week for asthma symptoms or for control concerns

DANGER – Get Help! TAKE THESE MEDICINES AND CALL YOUR PROVIDER NOW

- Your Asthma is getting worse fast:**
- Medicine is not helping
 - Breathing is hard and fast
 - Nose opens wide
 - Can't talk well
 - Getting nervous



MEDICINE	HOW MUCH	HOW OFTEN/WHEN
Albuterol / Xopenex (circle one)	_____ Puffs/ 1 vial <input type="checkbox"/> with Spacer	NOW! <input type="checkbox"/> Repeat in 20 minutes if needed

➤ **Call your Health Care Provider now, if not available**

➤ **Go directly to the emergency room or call 911 and bring this form with you.**

○ **DO NOT WAIT!**

HEALTH CARE PROVIDER SCHOOL MEDICATION AUTHORIZATION REQUIRED FOR Albuterol /Xopenex (Levalbuterol) 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

Side effects: _____ or Not expected Medication Allergies: _____ or NKDA

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: _____ Date: _____ For School Year: **2013-2014**

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 also authorize communication between the prescribing health care provider and school nurse necessary for asthma management and administration of this medication

Signature: _____ Date: _____ *** Bring asthma meds and spacer to all visits**

➤ Make an appointment with your health care provider within two days of an ED visit, hospitalization, or anytime for **ANY** problem or question with asthma