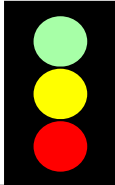


Asthma Action Plan & School Medication Authorization

➤ **Please order a VHC Spacer to use with any MDIs**

Name:	DOB:	Date:
Important! Things that make your asthma worse (Triggers): <input checked="" type="checkbox"/> smoke <input type="checkbox"/> pets <input type="checkbox"/> mold <input type="checkbox"/> dust-mites <input type="checkbox"/> pollen/trees <input type="checkbox"/> colds/viruses <input type="checkbox"/> exercise <input type="checkbox"/> 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"/> <i>with Spacer</i>	AM / PM
2. _____	Squirt(s), each nostril	AM / PM
3. _____	_____	AM / PM
4. Albuterol / Xopenex (<i>circle one</i>)	_____ puffs <input type="checkbox"/> <i>with Spacer</i>	<input type="checkbox"/> Before Exercise <i>as needed</i>

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

➤ **Call your Health Care Provider now, if they are 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