

GREAT HEARTS ACADEMY – ASTHMA ACTION PLAN for the 2026/2027 SCHOOL YEAR

CHILD LAST NAME: _____
 FIRST NAME: _____ DOB: _____
 PARENT/GUARDIAN: _____
 BEST CONTACT PHONE NUMBER: _____
 PHYSICIAN NAME: _____
 PHYSICIAN PHONE NUMBER: _____
 TEACHER: _____ ROOM # _____



ASTHMA TRIGGERS: EXERCISE STRONG ODORS OR FUMES RESPIRATORY INFECTIONS
 ANIMALS DUST TEMPERATURE CHANGES POLLENS
 MOLDS FOOD CARPET OTHER: _____

Does your student use a peak flow monitor? _____ yes _____ no
 Personal best peak flow number: _____ Monitoring times during the day: _____

DAILY PREVENTION/MANAGEMENT PLAN: (*Breathing is good, no cough or wheeze, can sleep through the night, can work and play OR other specific symptoms such as _____*)

CONTROLLER MEDICATION	DOSE	FREQUENCY	Given to school nurse?

BEGINNING SYMPTOMS: (*First signs of a cold, exposure to known trigger, cough, wheeze, chest tightness, coughing at night OR other specific symptoms such as _____*)

RESCUE MEDICATION	DOSE	FREQUENCY	Given to school nurse?

1. Use the rescue medications listed above or _____
2. Have student return to class if _____
3. Contact parent if _____

WORSENING SYMPTOMS: (*Medicine is not helping, breathing is hard and fast, nose opens wide, can't talk well, getting nervous OR other specific symptoms such as _____*)

EMERGENCY MEDICATION	DOSE	FREQUENCY	Given to school nurse?

Call 9-1-1 if the student

1. Shows no improvement in 15-20 minutes after the rescue and emergency treatments are used, and the above-mentioned parent-guardian cannot be reached
2. Difficulty breathing, walking or talking
3. Lips or fingernails are blue or gray or other _____

I understand that school staff **MUST** be informed of my child's health concerns in order to provide safe and appropriate care. I will update the school nurse office as my child's health conditions/treatments change throughout the year.

Parent/Guardian signature: _____ Date: _____

Physician/HCP Authorization Signature: _____ Date: _____

Provider: _____ Clinic: _____



My Asthma Action Plan

Name: _____ DOB: ____ / ____ / ____

Severity Classification: Intermittent Mild Persistent Moderate Persistent Severe Persistent

Asthma Triggers (list): _____

Peak Flow Meter Personal Best: _____

Green Zone: Doing Well

Symptoms: Breathing is good – No cough or wheeze – Can work and play – Sleeps well at night

Peak Flow Meter _____ (more than 80% of personal best)

Flu Vaccine—Date received: _____ Next flu vaccine due: _____ COVID19 vaccine—Date received: _____

Control Medicine(s)	Medicine	How much to take	When and how often to take it
_____	_____	_____	_____
_____	_____	_____	_____

Physical Activity

- Use Albuterol/Levalbuterol _____ puffs, 15 minutes before activity
 with all activity when you feel you need it

Yellow Zone: Caution

Symptoms: Some problems breathing – Cough, wheeze, or tight chest – Problems working or playing – Wake at night

Peak Flow Meter _____ to _____ (between 50% and 79% of personal best)

Quick-relief Medicine(s) Albuterol/Levalbuterol _____ puffs, every 20 minutes for up to 4 hours as needed

Control Medicine(s) Continue Green Zone medicines

Add _____ Change to _____

You should feel better within 20-60 minutes of the quick-relief treatment. If you are getting worse or are in the Yellow Zone for more than 24 hours, THEN follow the instructions in the RED ZONE and call the doctor right away!

Red Zone: Get Help Now!

Symptoms: Lots of problems breathing – Cannot work or play – Getting worse instead of better – Medicine is not helping

Peak Flow Meter _____ (less than 50% of personal best)

Take Quick-relief Medicine NOW! Albuterol/Levalbuterol _____ puffs, _____ (how frequently)

Call 911 immediately if the following danger signs are present:

- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue
- Still in the Red Zone after 15 minutes

Emergency Contact Name _____ Phone (_____) _____ - _____

Date: ____ / ____ / ____

How to Use a Metered-Dose Inhaler with a Valved Holding Chamber (Spacer)

Prime a brand-new inhaler: Before using it for the first time, if you have not used it for more than 7 days, or if it has been dropped.



1. Shake inhaler 10 seconds.



2. Take the cap off the inhaler and valved holding chamber. Make sure the mouthpiece and valved holding chamber are clean and there is nothing inside the mouthpieces.



3. Put inhaler into the chamber/spacer.



4. Breathe out away from the device.



5. Put chamber mouthpiece in mouth.



6. Press inhaler once and breathe in deep and steadily.



7. Hold your breath for 10 seconds, then breathe out slowly.

If you need another puff of medicine, wait 1 minute and repeat steps 4-7.



8. Rinse with water and spit it out.

Proper inhalation technique is important when taking your asthma medicine(s) and monitoring your breathing. Make sure to bring all your medicines and devices to each visit with your primary care provider or pharmacist to check for correct use, or if you have trouble using them.

For more videos, handouts, tutorials and resources, visit [Lung.org](https://www.lung.org).

Scan the QR Code to access How-To Videos



You can also connect with a respiratory therapist for one-on-one, free support from the American Lung Association's Lung HelpLine at **1-800-LUNGUSA**.