



Merrill Area Public Schools

1111 N. Sales Street

Merrill, WI 54452

715.536.4581

Fax 715.536.1788

www.mapsedu.org

*** Student Achievement * Community Partnership * Future Success ***

ASTHMA ACTION PLAN

School Year: 2023-2024

Student Name: _____ Date of Birth: _____ School: _____ Grade: _____

To be completed by a practitioner: Triggers: (check all that apply)

Exercise Respiratory Infections Animal Dander Temperature Changes Food Dust Mites Mold

Trees, Grass, Pollens Strong Odors or Fumes Other _____

GREEN ZONE: Doing Well

Symptoms	Daily Asthma Control Medicine	Dose	Time Given
<ul style="list-style-type: none"> • No cough or wheeze • Can work or play • Sleeps all night • Breathing is good 			

YELLOW ZONE: Having Symptoms – Use Rescue Inhaler

Symptoms	Medicine	How many puffs?	When and how often to use?
<ul style="list-style-type: none"> • Difficulty speaking • Wheezing • Chest tightness • Shortness of breath • Persistent coughing 			

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

Symptoms	Medicine	How many puffs?	When and how often to use?
<ul style="list-style-type: none"> • Relief inhaler did not help • Cannot work or play, anxious • Trouble talking, gasping • Breathing hard & fast, ribs sticking out 			

Additional Doctor Orders: (check all that apply)

Give two puffs of the inhaler 15 minutes before gym/recess

Give _____ more puffs of the rescue inhaler if symptoms have not improved in _____ minutes

Sick plan: Give the inhaler at scheduled times when the student is ill per parent/guardian direction

YES NO Student understands asthma AND has successfully demonstrated rescue medication delivery. Student may self carry inhaler while at school and during school sponsored events. (Keeping a back-up in the health office is recommended.)

PARENT/GUARDIAN SIGNATURE _____ Phone _____ Date _____

I hereby give permission to staff designated by the school principal or nurse to give the above medication to my student according to the instructions stated above and authorize them to contact the practitioner, if necessary.

PRACTITIONER SIGNATURE _____ Phone _____ Date _____

Practitioner signature directs the above medication administration and indicates willingness to communicate with school staff regarding this medication.

SCHOOL STAFF DIRECTIONS:

YELLOW ZONE: Having Symptoms - *Use Rescue Inhaler*

- DO NOT leave the student alone.
- Remove the student from any obvious trigger(s) and escort the student to the health office.
- Seat the student in a position of comfort. Do not insist for the student to 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 the school nurse and parent.

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

- Contact parent /guardian **NOW** regarding severity of student's asthma episode and urgent need for evaluation by a healthcare provider.
- Parent / guardian / emergency contact must arrive within 10 minutes to take the student to a medical facility, or **CALL 911**. Send this Asthma Action Plan with the 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.
** To prime - 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. Ensure the student has exhaled all their air out fully.
5. Before the student inhales, they should put the mouthpiece of the inhaler into their mouth over their tongue and between their teeth. Have the student close their lips around it while tilting their head and the inhaler back slightly. Press down on the inhaler canister and have the student breathe in slowly and deeply (over about 5 seconds) through their mouth.
6. Have the student hold their breath for 10 seconds.
7. Wait 1-2 minutes between puffs.
8. Have the student rinse their mouth after using the inhaler.

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

HOW TO USE AN INHALER WITH A HOLDING CHAMBER

Repeat steps 1-4 above

5. Before the student inhales, they should put the mouthpiece of the chamber into their mouth over their tongue and between their teeth. Have the student close their lips around it while tilting their head and the inhaler back slightly.

