

FREMONT PUBLIC SCHOOLS

ASTHMA EMERGENCY ACTION PLAN

****This information expires on June 30, _____**

Fremont Public Schools personnel are prohibited from providing or administering any medication to a student except as authorized by the Board Policy.

MEDICATIONS MUST BE CARRIED IN THE ORIGINAL CONTAINER WITH THE PHARMACY LABEL INTACT

Child's name: _____ Date of plan: _____

Date of Birth: _____ Provider name/phone number: _____

Asthma Triggers: _____

GREEN ZONE: Doing Well

Symptoms: Breathing is good, can work and play

Physical Activity: Use Albuterol/Levalbuterol ____ puffs, 15-20 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

Quick-relief Medication: Albuterol/Levalbuterol ____ puffs, repeat every 4 hours as needed
 Add _____

You should feel better within 20-60 minutes of the quick-relief treatment. If symptoms return within 1 hour, move to the RED ZONE. 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! Parent contact is necessary!

Symptoms: Lots of problems breathing – Cannot work or play – Getting worse instead of better – Medicine is not helping – Contant cough – Using neck and and stomach muscles to breath or head bobbing

Take Quick-relief Medication: Albuterol/Levalbuterol _____ puffs, every _____ minutes for up to _____ hour if needed)

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

School Staff: Follow the Yellow and Red Zone instructions for the quick-relief medications according to asthma symptoms.

Both the Healthcare Provider and the Parent/Guardian feel that the child has demonstrated the skills to carry and self-administer their quick-relief inhaler, including when to tell an adult if symptoms do not improve after taking the medication.

AUTHORIZED SIGNATURES

Parent/Guardian Authorization Signature/Date

Physician Authorization Signature/Date