

**Weimar Independent School District  
Asthma Action Plan**

Patient's Name		DOB	Effective Date: ___/___/___ to ___/___/___	
Check Asthma Severity:	<b>Mild Intermittent</b>	Mild Persistent	Moderate Persistent	Severe Persistent

**Trigger List: (check all that apply)**

<input type="checkbox"/>	Chalk Dust	<input type="checkbox"/>	Cigarette Smoke	<input type="checkbox"/>	Colds/Flu
<input type="checkbox"/>	Dust/Dust Mites	<input type="checkbox"/>	Stuffed Animals	<input type="checkbox"/>	Carpet
<input type="checkbox"/>	Exercise	<input type="checkbox"/>	Mold	<input type="checkbox"/>	Ozone Alert Days
<input type="checkbox"/>	Pests	<input type="checkbox"/>	Pets	<input type="checkbox"/>	Plants, Flowers, Cut Grass & Pollen
<input type="checkbox"/>	Strong Odors	<input type="checkbox"/>	Perfume	<input type="checkbox"/>	Cleaning Products
<input type="checkbox"/>	Sudden Temperature Changes	<input type="checkbox"/>	Wood Smoke	<input type="checkbox"/>	Foods:
<input type="checkbox"/>	Other:	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

<b>GOOD CONTROL</b>	—————→	<b>Use these medications every day.</b>
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You have all of these:

- \* Breathing is good
- \* No Cough or wheeze
- \* Sleep through the night
- \* Can work and play

Medicine/Dosage	How Much to Take	When to Take It
Comments:		
For exercise, take:		

<b>CAUTION</b>	—————→	<b>Continue with daily medicine and ADD:</b>
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You have any of these:

- \* First sign of a cold
- \* Exposure to a know trigger
- \* Cough
- \* Mild wheeze
- \* Tight Chest
- \* Caught at night
- \* Can do some but not all usual activities
- \* Peak Flow 50-80%

Medicine/Dosage	How Much to Take	When to Take It
Comments:		
<b>If Quick Reliever/Yellow Zone medicines are used more than 2 to 3 times per week, CALL your Doctor</b>		

<b>DANGER ZONE</b>	—————→	<b>Take these medications and call your doctor</b>
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Your asthma is getting worse fast:

- \* Medicine is not helping within 15-20 minutes
- \* Breathing is hard and fast
- \* Nose opens wide
- \* Ribs show
- \* Lips blue
- \* Fingernails blue or gray
- \* Trouble walking or talking
- \* Coughs constantly
- \* Stiff/stooped posture
- \* Peak Flow below 50%

Medicine/Dosage	How Much to Take	When to Take It
Comments:		
<b>GET HELP FROM A DOCTOR NOW!</b> <b>If you cannot contact your doctor, go directly to the emergency room.</b> <b>DO NOT WAIT.</b>		

<b>Physician Signature:</b>	Date:
<b>Parent Signature:</b>	Date:
Child may transport listed medications to and from school and self administer? <input type="checkbox"/> Yes <input type="checkbox"/> No	