

# Montana Student Asthma Action Plan

Student \_\_\_\_\_ School Nurse/Emergency Staff Phone \_\_\_\_\_ Fax \_\_\_\_\_

Teacher \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Student's Healthcare Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

<b>Green Zone</b>	<b>Student is feeling well</b>
	<ul style="list-style-type: none"><li>• No difficulty participating in usual activities</li><li>• No chest tightness, shortness of breath, wheezing, or coughing during the day or night</li></ul>
	<u>Take these controller medications every day:</u>
	Medicine _____ Dosage _____ When to Take it _____ _____ _____
	<u>Before exercise:</u> Medication _____ Dosage _____ _____ minutes prior to activity
<b>Yellow Zone</b>	<b>Student is not feeling well</b>
	<ul style="list-style-type: none"><li>• Chest tightness, shortness of breath, wheezing, or coughing with usual activities</li><li>• Waking at night due to asthma symptoms</li></ul>
	<u>Continue taking controller medication(s) and add these quick-relief medications:</u>
	Medicine _____ Dosage _____ When to Take it _____ _____ _____
	Call student's healthcare provider if: _____ _____
<b>Red Zone</b>	<b>Alert! Contact student's healthcare provider or call 911 if:</b>
	<ul style="list-style-type: none"><li>• Quick-relief medication is not helping</li><li>• Breathing is hard and fast</li><li>• Ribs are showing and nostrils are flaring</li><li>• Can't walk or talk well</li></ul>
	<u>Take the following medications, and call the healthcare provider or contact EMS right away:</u>
	Medicine _____ Dosage _____ When to Take it _____ _____ _____

## Other key medical information

Student self-carries rescue medication     Rescue medication is stored \_\_\_\_\_

The student's asthma triggers are \_\_\_\_\_  
\_\_\_\_\_

Reviewed by parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by school nurse/emergency staff \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by student's healthcare provider \_\_\_\_\_ Date \_\_\_\_\_

