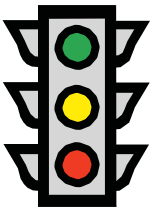
Clayton County Public Schools
Asthma Action Plan (IHP)

Name	Date of Birth	Effective Dates / / to / /
Health Care Provider	Provider's Phone	
Parent/Guardian	Parent's Phone	School
Additional Emergency Contact		Contact Phone



GREEN means **Go!**
Use CONTROL medicine daily

YELLOW means Caution!
Add RESCUE medicine

RED means DANGER!
Get help from a doctor now!

Asthma Severity Classification	Asthma Triggers (Things that make your asthma worse)	
☐ Mild Intermittent ☐ Moderate Persistent ☐ Mild Persistent ☐ Severe Persistent	☐ Colds ☐ Smoke ☐ Exercise ☐ Pollen ☐ Dust ☐ Animals:_____ ☐ Strong odors ☐ Mold/moisture ☐ Pests (rodents, cockroaches) ☐ Season ☐ Fall ☐ Winter ☐ Spring ☐ Summer ☐ Other:	

Green Zone: Go! – Take these CONTROL (PREVENTION) Medicines EVERY Day

Student have **ALL** of these:

- Breathing is easy
- No cough or wheeze
- Can go to school, work and play
- Can sleep all night

☐ No control medicines required at school (Home Maintenance).

☐ _____, take_____puff(s)_____times a day
Inhaled corticosteroid or inhaled corticosteroid/long-acting β–agonist

☐ _____, take_____by mouth once daily at bedtime
Leukotriene modifier

☐ Other_____

For asthma with exercise, ADD:

☐ ___,_____puffs with spacer _____ minutes before exercise
Fast-acting inhaled β–agonist

For nasal/environmental allergy, ADD:

☐ , use_____spray(s) per nostril_____times a day
Nasal corticosteroid

Yellow Zone: Caution! – Continue CONTROL Medicines and ADD RESCUE Medicines

If School staff observe:

- Persistent Cough or mild wheezing
- C/O tightness in the chest
- Difficultly working or playing

☐ ,_____puff(s) with spacer every_____hours as needed
Fast-acting inhaled β–agonist

☐ ,_____nebulizer treatment(s) every_____hours as needed
Fast-acting inhaled β–agonist

☐ Other_____

ALWAYS use a spacer with your inhaler!
(Spacer provided by parent/guardian)

Call Parent if student have any of these signs, use rescue medicines more than two times a week, or your rescue medicine doesn't work!

Red Zone: DANGER! – Continue CONTROL & RESCUE Medicines and GET HELP!

If Student have **ANY** of these:

- Continual Persistent Coughing
- Medicine is not helping
- Very short of breath
- Blue lips and fingernails
- Tired or lethargic
- Retractions – skin between the ribs is pulling inwards

☐ _____,____puffs with spacer _____for _____treatments
Fast-acting inhaled β–agonist

☐ _____,____nebulizer treatment _____for _____treatments
Fast-acting inhaled β–agonist

Other_____

Call 911 for an ambulance, or go directly to the Emergency Department!

Individual Considerations: _____

SCHOOL MEDICATION CONSENT AND PROVIDER ORDER

Possible side effects of rescue medicines (e.g., albuterol) include tachycardia, tremor, and nervousness.

☐ This student is capable and approved to self-administer the medicine(s) named above.
☐ This student is not approved to self-medicate.
☐ This student may be administered RESCUE medicine(s) (e.g., albuterol) by a school nurse or trained staff as directed above.
☐ As the parent/guardian, I understand that the school, its employees and its agents shall incur no liability and shall be held harmless against any claims that may arise relating to the administration, supervision, training, or self-administration of medication.

_____
Patient or Parent/Guardian Signature Date

_____
Health Care Provider Signature Date