PHARR-SAN JUAN-ALAMO INDEPENDENT SCHOOL DISTRICT

Asthma Care Plan for School Year _____

- - - Plan must be renewed each school year - - -

Student's Name: _____ Student ID: _____

Date of birth: _____ Grade: _____ Teacher: _____

TO BE COMPLETED BY PHYSICIAN

MEDICATIONS (home AND school)	Name of Medicine	Dose	Frequency/Time	Give at School
ROUTINE Medication(s)				
BEFORE PE Medication				
QUICK-RELIEF Medication				

Notify the parent to call the physician if the *QUICK-RELIEF* medication is used more than _____ times a week at school.

☐ YES
☐ NO

It is my professional opinion that this student should be allowed to carry and self-administer the *QUICK-RELIEF* medication listed above while on school property or at school-related events. I have instructed the student in the proper way to use the medication. The student is both capable and responsible for self-administering and caring for this inhaler.

Personal Best Peak Flow _____ as of _____ (date)

GREEN ZONE – *Prevention*

- **Peak flow from _____ to _____**
- Student feels good
- No asthma symptoms, even when active

☐ Give *ROUTINE* medications that need to be given at school every day (see above)

☐ Give *BEFORE PE* medication at school before exercise (see above)

☑ Avoid known asthma triggers at school

YELLOW ZONE – *Caution!*

- **Peak flow from _____ to _____**
- Student does not feel good
- Coughing
- Wheezing
- Runny nose or other cold symptoms
- Shortness of breath
- Tight feeling in chest
- Decreased ability to do usual activities
- _____

☐ Use the *QUICK-RELIEF* medication (see above)

☐ If student is not in the GREEN ZONE and still has symptoms after 1 hour, then:

☐ Increase _____
(include dose and frequency)

☐ Add _____
(include dose and frequency)

☑ Notify parent/guardian of student's status

☑ Once symptoms are relieved, student may return to class

RED ZONE – *Emergency!*

- **Peak flow from _____ to _____**
- Student feels really bad
- Coughing, wheezing, or difficulty breathing continues or gets worse, even after giving YELLOW ZONE medications
- Unable to do usual activities because of trouble breathing

Severe Symptoms

- Student's skin is sucked in around neck and ribs, or
- Lips and/or fingernails are grey or blue, or
- Student has trouble walking or talking due to shortness of breath

☐ Give _____
(include dose and frequency)

☐ Give _____
(include dose and frequency)

☐ If minimal/no improvement after _____ minutes or begins to have **Severe Symptoms**, call 9-1-1

☑ Notify parent/guardian and school administrator after calling 9-1-1

☑ Stay with student until help arrives

Physician's Name (print): _____ Phone: _____

Physician's Signature: _____ Date: _____

Address: _____ City/Zip: _____