

**TORRANCE UNIFIED SCHOOL DISTRICT
HEALTH SERVICES**

School Phone # _____
School Fax # _____

Symptom Based – Asthma Action Plan

Student Name: _____ Date of Birth: _____ School: _____
Parent/Guardian: _____ Home Phone: _____ Cellular: _____

The following is to be completed by the PHYSICIAN (Items #1, 2, 3, and 4):

1. Medication(s) Medication name, dose, route, frequency

A. Medication at HOME ("QUICK-RELIEF," controller, anti-inflammatroy)	1. _____ 2. _____
B. Medication at SCHOOL* ("QUICK-RELIEF," nebulizer, etc.)	1. _____ 2. _____ 3. _____
C. Medication BEFORE P.E. or SPORTS*	1. _____ 2. _____

2. For student on inhaled medication (all students must go to Health Office for oral medications)

- ☐ Assist student with inhaled medication in Health Office*
☐ May self-carry/self-administer inhaler medication.* Student demonstrates competence. Contract to Carry Form also required.

3. A spacer device (e.g. Aerochamber) use is advised for all students at school.

4. Check known triggers: ☐ tobacco ☐ pesticides ☐ animals ☐ birds ☐ cockroaches ☐ cleansers ☐ car exhaust ☐ perfume
☐ candles ☐ mold ☐ dust ☐ cold air ☐ exercise ☐ smog ☐ pollens ☐ other _____

5. Using the SYMPTOMS below, determine the appropriate ZONE and follow the action indicated:

Green Zone

Symptoms: Good breathing, no shortness of breath during day or night, no cough, no chest tightness, able to exercise and do usual activities

YELLOW ZONE

Symptoms: Starting to cough, wheeze, feel short of breath, chest tightness, waking at night due to asthma symptoms, or having some activity restrictions

Action for school:

1. Give "QUICK-RELIEF" Medication(s)**
 2. Notify Parent if symptoms are NOT relieved by medication after 15 - 20 min
 3. If symptoms are NOT RELIEVED follow School Emergency Plan below
 4. If symptoms are relieved, student may return to class
- **Notify Parent if "QUICK-RELIEF" inhaler has been used more than two times this week (if not related to physical activity)

RED ZONE

Symptoms: Cough, trouble walking or talking, chest/neck muscle retracting with breaths, hunched, blue color, wheezing or very diminished breathing sounds, very short of breath, moderate to severe activity restrictions, symptoms are the same or worse after 30 minutes in Yellow Zone

Action for school:

1. Give "QUICK-RELIEF" Medication(s)
2. If symptoms are not improved within 15 to 20 minutes by student's "QUICK-RELIEF" medication, or symptoms become worse, follow School Emergency Plan below

SCHOOL EMERGENCY PLAN

1. **REPEAT** "QUICK-RELIEF" medication(s) now
2. **Call 911** – Seek emergency care
3. Contact parent/guardian and school nurse
4. **REPEAT "QUICK-RELIEF" medication(s) in 20 minutes** if help has not arrived and symptoms have not improved
5. Stay with student until paramedics arrive

Physician Name: _____ Physician Signature: _____ Date: _____
Address: _____ Phone: _____
City: _____ Zip: _____

I give permission for school staff to contact the physician for consultation and exchange of information as needed.

Signature of Parent or Guardian: _____ Date: _____ Phone Number: _____