

Montana Student Asthma Action Plan

Student _____ School Nurse/Emergency Staff Phone _____ Fax _____
 Teacher _____ Parent/Guardian _____ Phone _____
 Student's Healthcare Provider _____ Phone _____ Fax _____

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

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 _____

