School District		School Name	<u>.</u>	
School Nurse / Health Asst.		<del></del>		/
Student Name	Date of Birth	Student #		GREEN means Go!
*Health Care Provider/Title	*Provider's Phone	/ FAX #	7	Use CONTROL medicine dally
		, 1 co. ;;	7	YELLOW means Caution1 Add Rescue medicine
Parent/Guardian	Parent's Phone #s		L'I	RED means EMERGENCY!
Emergency Contact	Contact Phone #s		7	Get help from a provider now!
Allergies to Medications:				
Asthma Severity:	sthma Triggers Identified	d (Things that make your asthr	na worse):	Date of Last   Inhaler is kept:
☐ Intermittent ☐	Exercise Colds Smo	ike (tobacco, fires, incense) 🗌 I	Pollen 🗆 Dust	Flu Shot:
		g Odors 🗆 Mold/moisture 🗆 S		☐ In Classroom
Persistent:	Pests (rodents, cockroach	nes) 🗆 Gastroesophogeal reflu	ıx	☐ In Health Office
☐ Mild ☐ Moderate ☐ Severe ☐	Season: Fall, Winter, Spri	ng, Summer    Other:		// Other
Health care provider: Pleas Green Zone: Go! Take Co			ones:	
You have <u>ALL</u> of these:	☐ No control medicine			sing your daily inhaled medicine.
<ul> <li>Breathing is easy</li> <li>No cough or wheeze</li> </ul>	Inhaled corticosteroid or inl	haled corticosteroid/long-acting [}-age	ouff(s) MDI with s	pacer times a day
Can work and play				ent(s) times a day
<ul> <li>No symptoms at night</li> </ul>	Inhaled corticosteroid		Hebanica treati	ends) unles a day
		, take	by mouth or	ce daily at hedtime
Peak flow (optional):	Leukotriene antagonist			ice dully de beatime
Greater than ≥	For asthma with ex-			
(More than 80% of Personal Best)	For nasal/environm	puff(s) N	MDI with spacer 1	5 minutes before exercise
ersonal best peak flow:	For nasar/environm	ental allergy, <u>ADD</u> :		
Yellow Zone: Caution! Cor	ntinue CONTROL Me	edicine & ADD RESCUE	Medicines-	
You have ANY of these:		ENT ALONE! Call Parent/Gu		serve med is administered
Cough or mild wheeze		nuff(s) MD		very hours as needed
Tight chest	Fast-acting inhaled (3-agoni	ist punta) trib	I Witti sharei & e	very nours as needed
First signs of a cold     Deathless also also	OR			
<ul> <li>Problems sleeping,</li> <li>Playing or working</li> </ul>	Fast-acting inhaled β-agoni	nebulizer	treatment(s) & e	every hours as needed
Peak flow (optional):				
to	Call your MEDICAL PRO	VIDER if you have these signs	more than two t	imes a week, or if your rescue
(50%- 80% of Personal Best)	medicine does not work	an symptoms are NOT better	OK peak flow is i	NOT improved, go to KED ZONE.
Red Zone: EMERGENCY!	Continue CONTROL	Medicine & ADD RESC	HE Modicinos	The second second
Vou hour ARIV of Al		modified a MESS	OE Medicines	and GET HELP!
You have <u>ANY</u> of these:	DO NOT LEAVE STUDE			
Cannot talk, eat, or walk well		ENT ALONE! $\rightarrow$ Call for en	nergency 911	and start treatment
Cannot talk, eat, or walk well     Medicine is not helping or	Fast-acting inhaled β-agor	ENT ALONE! $\rightarrow$ Call for en	nergency 911	
Cannot talk, eat, or walk well	Fast-acting inhaled β-agor OR	ENT ALONE! → Call for en	mergency 911 cer & every 20 mi	and start treatment inutes until paramedics arrive
<ul> <li>Cannot talk, eat, or walk well</li> <li>Medicine is not helping or</li> <li>Getting worse, not better</li> <li>Breathing hard &amp; fast</li> <li>Blue lips &amp; fingernails</li> </ul>	Fast-acting inhaled B-agor	ent Alone! → Call for en puff(s) MDI with space nist nebulizer treatme	mergency 911 cer & <u>every 20 mi</u> ent(s) every 20 mi	and start treatment inutes until paramedics arrive nutes until paramedics arrive
<ul> <li>Cannot talk, eat, or walk well</li> <li>Medicine is not helping or</li> <li>Getting worse, not better</li> <li>Breathing hard &amp; fast</li> <li>Blue lips &amp; fingernails</li> <li>Peak flow (optional):</li> </ul>	Fast-acting inhaled β-agor  OR  Fast-acting inhaled β-agor	ENT ALONE! → Call for en	mergency 911 cer & <u>every 20 mi</u> ent(s) every 20 mi	and start treatment inutes until paramedics arrive nutes until paramedics arrive
• Cannot talk, eat, or walk well • Medicine is not helping or • Getting worse, not better • Breathing hard & fast • Blue lips & fingernails Peak flow (optional): Less than ≤	Fast-acting inhaled β-agor OR	ent Alone! → Call for en puff(s) MDI with space nist nebulizer treatme	mergency 911 cer & <u>every 20 mi</u> ent(s) every 20 mi	and start treatment inutes until paramedics arrive nutes until paramedics arrive
• Cannot talk, eat, or walk well • Medicine is not helping or • Getting worse, not better • Breathing hard & fast • Blue lips & fingernails  Peak flow (optional):  Less than ≤ (Less than 50% of Personal Best)	Fast-acting inhaled β-agor OR Fast-acting inhaled β-agor  Fast-acting inhaled β-agor	ENT ALONE! → Call for en _, puff(s) MDI with space nist nebulizer treatmentst Call 911 immedia	mergency 911 cer & <u>every 20 mi</u> ent(s) every 20 mi	and start treatment inutes until paramedics arrive nutes until paramedics arrive
• Cannot talk, eat, or walk well • Medicine is not helping or • Getting worse, not better • Breathing hard & fast • Blue lips & fingernails Peak flow (optional): Less than ≤	Fast-acting inhaled β-agor OR Fast-acting inhaled β-agor  Fast-acting inhaled β-agor	ent Alone! → Call for en puff(s) MDI with space nist nebulizer treatment  Call 911 immedia  ONSENT Parent/Guardian:	nergency 911 cer & every 20 mi ent(s) every 20 mi tely and call Par	and start treatment inutes until paramedics arrive nutes until paramedics arrive rent/Guardian
Cannot talk, eat, or walk well     Medicine is not helping or     Getting worse, not better     Breathing hard & fast     Blue lips & fingernails  Peak flow (optional):  Less than ≤ (Less than 50% of Personal Best)  HEALTH CARE PROVIDER ORDER AT Check all that apply:  Student has been instructed in the presence of the p	Fast-acting inhaled β-agor OR Fast-acting inhaled β-agor  For Past-acting inhaled β-agor  Other  ND SCHOOL MEDICATION CO	Parent/Guardian:  I approve of this asthma a trained school personnel	mergency 911 cer & every 20 mi ent(s) every 20 mi tely and call Pai action plan. I give my to follow this plan, ac	and start treatment inutes until paramedics arrive nutes until paramedics arrive rent/Guardian
Cannot talk, eat, or walk well     Medicine is not helping or     Getting worse, not better     Breathing hard & fast     Blue lips & fingernails  Peak flow (optional):  Less than ≤ (Less than 50% of Personal Best)  HEALTH CARE PROVIDER ORDER AT Check all that apply:	Fast-acting inhaled β-agor OR Fast-acting inhaled β-agor  For Past-acting inhaled β-agor  Other  ND SCHOOL MEDICATION CO	nist  puff(s) MDI with space nebulizer treatme nebulizer treatme Call 911 immedia  DNSENT   Parent/Guardian:   1 approve of this asthma a trained school personnel my provider, if necessary.	mergency 911 cer & every 20 mi ent(s) every 20 mi tely and call Pai action plan. I give my to follow this plan, ac.	and start treatment inutes until paramedics arrive nutes until paramedics arrive rent/Guardian  permission for the school nurse and iminister medication(s), and contact ibility for providing the school with
Cannot talk, eat, or walk well     Medicine is not helping or     Getting worse, not better     Breathing hard & fast     Blue lips & fingernails  Peak flow (optional):  Less than ≤ (Less than 50% of Personal Best)  HEALTH CARE PROVIDER ORDER AT Check all that apply:  Student has been instructed in the province of the position of the province of the p	Fast-acting inhaled β-agor OR Fast-acting inhaled β-agor  For Part of the Par	nist	nergency 911 cer & every 20 mi ent(s) every 20 mi tely and call Par action plan. I give my to follow this plan, ac . I assume full respons ns and delivery and me above information v	and start treatment inutes until paramedics arrive nutes until paramedics arrive rent/Guardian  permission for the school nurse and iminister medication(s), and contact ibility for providing the school with contoring devices. I give my permission with school staff that need to know
Cannot talk, eat, or walk well Medicine is not helping or Getting worse, not better Breathing hard & fast Blue lips & fingernails Peak flow (optional): Less than \( \) (Less than \( \) (Less than 50% of Personal Best)  HEALTH CARE PROVIDER ORDER ATCheck oil that apply: Student has been instructed in the prand IS ABLE TO CARRY AND SELF-AD  Student is to notify designated school inhaler at school.	Fast-acting inhaled β-agor OR  Fast-acting inhaled β-agor  Fast-acting inhaled β-agor  Other  ND SCHOOL MEDICATION CO  roper use of his/her asthma med MINISTER his/her INHALER AT SO of health personnel after using	nist	nergency 911 cer & every 20 mi ent(s) every 20 mi tely and call Par action plan. I give my to follow this plan, ac . I assume full respons ns and delivery and me above information v	and start treatment inutes until paramedics arrive nutes until paramedics arrive rent/Guardian  permission for the school nurse and Iminister medication(s), and contact ibility for providing the school with conitoring devices. I give my permission
Cannot talk, eat, or walk well     Medicine is not helping or     Getting worse, not better     Breathing hard & fast     Blue lips & fingernails  Peak flow (optional):  Less than ≤ {Less than 50% of Personal Best}  HEALTH CARE PROVIDER ORDER ATCheck all that apply:  Student has been instructed in the prand IS ABLE TO CARRY AND SELF-AD  Student is to notify designated school	Fast-acting inhaled β-agor OR Fast-acting inhaled β-agor Fast-acting inhaled β-agor Other ND SCHOOL MEDICATION CO roper use of his/her asthma med MINISTER his/her INHALER AT SO of health personnel after using nice when using inhaler.	nist	nergency 911 cer & every 20 mi ent(s) every 20 mi tely and call Par action plan. I give my to follow this plan, ac . I assume full respons ns and delivery and me above information v	and start treatment inutes until paramedics arrive nutes until paramedics arrive rent/Guardian  permission for the school nurse and liminister medication(s), and contact ibility for providing the school with conitoring devices. I give my permission with school staff that need to know my asthma educational learning
Cannot talk, eat, or walk well Medicine is not helping or Getting worse, not better Breathing hard & fast Blue lips & fingernails Peak flow (optional):  Less than 5 (Less than 50% of Personal Best)  HEALTH CARE PROVIDER ORDER AI Check all that apply:  Student has been instructed in the prand IS ABLE TO CARRY AND SELF-AD  Student is to notify designated school inhaler at school.  Student needs supervision or assistant	Fast-acting inhaled β-agor OR Fast-acting inhaled β-agor Fast-acting inhaled β-agor Other ND SCHOOL MEDICATION CO roper use of his/her asthma med MINISTER his/her INHALER AT SO of health personnel after using nice when using inhaler.	nist	nergency 911 cer & every 20 mi ent(s) every 20 mi tely and call Par action plan. I give my to follow this plan, ac I assume full respons ns and delivery and m te above information v tild to participate in an	and start treatment inutes until paramedics arrive nutes until paramedics arrive rent/Guardian  permission for the school nurse and liminister medication(s), and contact ibility for providing the school with ionitoring devices. I give my permission with school staff that need to know my asthma educational learning

School District		School Name
School Nurse / Health Asst		
Student Name	Date of Birth	Student#
*11 11 0 5 11 (51)		GREEN means Go1
*Health Care Provider/Title	*Provider's Phone	/ FAX # YELLOW means Caution!
Parent/Guardian	Parent's Phone #s	Add Rescue medicine
Emergency Contact	Contact Phone #s	RED means EMERGENCY! Get help from a provider now!
Allergies to Medications:		
340		
		d (Things that make your asthma worse):  ke (tobacco, fires, incense) □ Pollen □ Dust    Date of Last   Inhaler is kept: □ With Student □ Dust   □ Wi
1000	Animals	
Persistent:	Pests (rodents, cockroach	g Odors □ Mold/moisture □ Stress/Emotions □ In Classroom nes) □ Gastroesophogeal reflux □ In Health Office
☐ Mild ☐ Moderate ☐ Severe ☐	Season: Fall, Winter, Spri	ing, Summer  Other: / Other
Health care provider: Pleas	se complete the follow	wing information for all zones:
Green Zone: Go! Take Co	THE RESERVE OF THE PARTY OF THE	
You have ALL of these:	☐ No control medicine	e required. Always rinse mouth after using your daily inhaled medicine.
Breathing is easy		THE STATE OF THE S
No cough or wheeze     Can work and play	Inhaled corticosteroid or inh	haled corticosteroid/long-acting []-agonist times a day
No symptoms at night	Inhaled corticosteroid	nebulizer treatment(s) times a day
	In	, take by mouth once daily at bedtime
Peak flow (optional):	Leukotriene antagonist	
Greater than ≥	For asthma with exe	
(More than 80% of Personal Best)	For nasal/environm	puff(s) MDI with spacer 15 minutes before exercise
ersonal best peak flow:		entar allergy, <u>ADD</u> :
Yellow Zone: Caution! Con	ntinue CONTROL Me	edicine & ADD RESCUE Medicines-
You have ANY of these:		ENT ALONE! Call Parent/Guardian when rescue med is administered.
Cough or mild wheeze		nuff(s) MDI with sparer & eveny hours as peoded
Tight chest     First signs of a cold	Fast-acting inhaled β-agoni	st
Problems sleeping.	OR	nebulizer treatment(s) & every hours as needed
Playing or working	Fast-acting inhaled Biagoni	ist
Peak flow (optional):	Other	VIDER if you have these signs more than two times a week, or if your rescue
to to	Call your MEDICAL PROY	VIDER if you have these signs more than two times a week, or if your rescue
(0070 0070 OF T CISORIAI DESC)	medicine does not work	Life symptoms are NOT better Of mark flow is NOT invested by the restaur
Pod Zono: EMERCENCYL		in of infronts are not beater on peak now is not improved, go to kep 2014.
	Continue CONTROL	Medicine & ADD RESCUE Medicines and GET HELP!
You have ANY of these:	Continue CONTROL DO NOT LEAVE STUDE	Medicine & ADD RESCUE Medicines and GET HELP!  INT ALONE! → Call for emergency 911 and start treatment
You have ANY of these:  • Cannot talk, eat, or walk well	Continue CONTROL  DO NOT LEAVE STUDE	Medicine & ADD RESCUE Medicines and GET HELP!  INT ALONE! → Call for emergency 911 and start treatment  puff(s) MOI with spacer & every 20 minutes until paramedics arrive
You have ANY of these:	Continue CONTROL DO NOT LEAVE STUDE	Medicine & ADD RESCUE Medicines and GET HELP!  INT ALONE! → Call for emergency 911 and start treatment  puff(s) MOI with spacer & every 20 minutes until paramedics arrive
You have ANY of these:  • Cannot talk, eat, or walk well • Medicine is not helping or • Getting worse, not better • Breathing hard & fast	Continue CONTROL  DO NOT LEAVE STUDE  Fast-acting inhaled Bagor OR	Medicine & ADD RESCUE Medicines and GET HELP!  INT ALONE! → Call for emergency 911 and start treatment  puff(s) MDI with spacer & every 20 minutes until paramedics arrive  nebulizer treatment(s) every 20 minutes until paramedics arrive
You have ANY of these:  • Cannot talk, eat, or walk well • Medicine is not helping or • Getting worse, not better • Breathing hard & fast • Blue lips & fingernails	DO NOT LEAVE STUDE  Fast-acting inhaled Bragor OR	Medicine & ADD RESCUE Medicines and GET HELP!  INT ALONE! → Call for emergency 911 and start treatment  puff(s) MDI with spacer & every 20 minutes until paramedics arrive  nist  nebulizer treatment(s) every 20 minutes until paramedics arrive
You have ANY of these:  • Cannot talk, eat, or walk well • Medicine is not helping or • Getting worse, not better • Breathing hard & fast • Blue lips & fingernails Peak flow (optional):  Less than ≤	Continue CONTROL  DO NOT LEAVE STUDE  Fast-acting inhaled Bagor OR	Medicine & ADD RESCUE Medicines and GET HELP!  INT ALONE! → Call for emergency 911 and start treatment  puff(s) MDI with spacer & every 20 minutes until paramedics arrive  nebulizer treatment(s) every 20 minutes until paramedics arrive
You have ANY of these:  • Cannot talk, eat, or walk well • Medicine is not helping or • Getting worse, not better • Breathing hard & fast • Blue lips & fingernails Peak flow (optional):  Less than ≤ (Less than 50% of Personal Best)	Continue CONTROL  DO NOT LEAVE STUDE  Fast-acting inhaled β-agor or Fast-acting inhaled β-agor or Grant Description of the fast-acting inhaled β-agor or Grant Description or Grant Description of the fast-acting inhaled β-agor or Grant Description of the fast-acting inhaled β-agor or Grant Description or	Medicine & ADD RESCUE Medicines and GET HELP!  INT ALONE! → Call for emergency 911 and start treatment puff(s) MDI with spacer & every 20 minutes until paramedics arrive nist nebulizer treatment(s) every 20 minutes until paramedics arrive Call 911 immediately and call Parent/Guardian
You have ANY of these:  • Cannot talk, eat, or walk well • Medicine is not helping or • Getting worse, not better • Breathing hard & fast • Blue lips & fingernails Peak flow (optional):  Less than ≤ (Less than 50% of Personal Best)  HEALTH CARE PROVIDER ORDER A	Continue CONTROL  DO NOT LEAVE STUDE  Fast-acting inhaled β-agor or Fast-acting inhaled β-agor or Grant Description of the fast-acting inhaled β-agor or Grant Description or Grant Description of the fast-acting inhaled β-agor or Grant Description of the fast-acting inhaled β-agor or Grant Description or	Medicine & ADD RESCUE Medicines and GET HELP!  INT ALONE! → Call for emergency 911 and start treatment  puff(s) MDI with spacer & every 20 minutes until paramedics arrive  nist  nebulizer treatment(s) every 20 minutes until paramedics arrive  Call 911 immediately and call Parent/Guardian  DNSENT Parent/Guardian:
You have ANY of these:  • Cannot talk, eat, or walk well • Medicine is not helping or • Getting worse, not better • Breathing hard & fast • Blue lips & fingernails Peak flow (optional):  Less than ≤ (Less than 50% of Personal Best)  HEALTH CARE PROVIDER ORDER ACCheck all that apply:  Student has been instructed in the pi	Continue CONTROL  DO NOT LEAVE STUDE  Fast-acting inhaled β-agor  Fast-acting inhaled β-agor  Other  Other  ND SCHOOL MEDICATION CO	Medicine & ADD RESCUE Medicines and GET HELP!  ENT ALONE! → Call for emergency 911 and start treatment  puff(s) MDI with spacer & every 20 minutes until paramedics arrive  nebulizer treatment(s) every 20 minutes until paramedics arrive  Call 911 immediately and call Parent/Guardian  DNSENT    Parent/Guardian:   lapprove of this asthma action plan. I give my permission for the school nurse and trained school personnel to follow this plan, administer medication(s) and contact
You have ANY of these:  • Cannot talk, eat, or walk well • Medicine is not helping or • Getting worse, not better • Breathing hard & fast • Blue lips & fingernails Peak flow (optional):  Less than ≤ (Less than 50% of Personal Best)  HEALTH CARE PROVIDER ORDER A	Continue CONTROL  DO NOT LEAVE STUDE  Fast-acting inhaled β-agor  Fast-acting inhaled β-agor  Other  Other  ND SCHOOL MEDICATION CO	Medicine & ADD RESCUE Medicines and GET HELP!  ENT ALONE! → Call for emergency 911 and start treatment  puff(s) MDI with spacer & every 20 minutes until paramedics arrive  nebulizer treatment(s) every 20 minutes until paramedics arrive  Call 911 immediately and call Parent/Guardian  DNSENT  Lapprove of this asthma action plan. I give my permission for the school nurse and trained school personnel to follow this plan, administer medication(s), and contact my provider, if necessary. Lassume full responsibility for providing the school with
You have ANY of these:  • Cannot talk, eat, or walk well • Medicine is not helping or • Getting worse, not better • Breathing hard & fast • Blue lips & fingernails Peak flow (optional):  Less than ≤ (Less than 50% of Personal Best)  HEALTH CARE PROVIDER ORDER AI Check all that apply:  Student has been instructed in the plant IS ABLE TO CARRY AND SELF-AD	Continue CONTROL  DO NOT LEAVE STUDE  Fast-acting inhaled β-agor  Fast-acting inhaled β-agor  Other  Other  ND SCHOOL MEDICATION CO	Medicine & ADD RESCUE Medicines and GET HELP!  ENT ALONE! → Call for emergency 911 and start treatment  puff(s) MDI with spacer & every 20 minutes until paramedics arrive  nist  nebulizer treatment(s) every 20 minutes until paramedics arrive  Call 911 immediately and call Parent/Guardian  DNSENT  I approve of this asthma action plan. I give my permission for the school nurse and trained school personnel to follow this plan, administer medication(s), and contact my provider, if necessary I assume full responsibility for providing the school with the prescribed medications and delivery and monitoring devices. I give my permission
You have ANY of these:  • Cannot talk, eat, or walk well • Medicine is not helping or • Getting worse, not better • Breathing hard & fast • Blue lips & fingernails Peak flow (optional):  Less than ≤ (Less than 50% of Personal Best)  HEALTH CARE PROVIDER ORDER ACCheck all that apply:  Student has been instructed in the pi	Continue CONTROL  DO NOT LEAVE STUDE  Fast-acting inhaled β-agor  Fast-acting inhaled β-agor  Other  Other  ND SCHOOL MEDICATION CO	Medicine & ADD RESCUE Medicines and GET HELP!  ENT ALONE! → Call for emergency 911 and start treatment  puff(s) MDI with spacer & every 20 minutes until paramedics arrive  nist  nebulizer treatment(s) every 20 minutes until paramedics arrive  Call 911 immediately and call Parent/Guardian  Parent/Guardian:  I approve of this asthma action plan. I give my permission for the school nurse and trained school personnel to follow this plan, administer medication(s), and contact my provider, if necessary I assume full responsibility for providing the school with the prescribed medications and delivery and monitoring devices. I give my permission for the school to share the above information with school staff that need to know
You have ANY of these:  • Cannot talk, eat, or walk well • Medicine is not helping or • Getting worse, not better • Breathing hard & fast • Blue lips & fingernails Peak flow (optional):  Less than ≤ (Less than 50% of Personal Best)  HEALTH CARE PROVIDER ORDER AI Check all that apply:  Student has been instructed in the properties of the polymer	Continue CONTROL  DO NOT LEAVE STUDE  Fast-acting inhaled Bagor OR  Fast-acting inhaled Bagor Other  Other  ND SCHOOL MEDICATION CO  roper use of his/her asthma med MINISTER his/her INHALER AT SO of health personnel after using	Medicine & ADD RESCUE Medicines and GET HELP!  ENT ALONE! → Call for emergency 911 and start treatment  puff(s) MDI with spacer & every 20 minutes until paramedics arrive  nist  nebulizer treatment(s) every 20 minutes until paramedics arrive  Call 911 immediately and call Parent/Guardian  DNSENT  I approve of this asthma action plan. I give my permission for the school nurse and trained school personnel to follow this plan, administer medication(s), and contact my provider, if necessary I assume full responsibility for providing the school with the prescribed medications and delivery and monitoring devices. I give my permission
You have ANY of these:  • Cannot talk, eat, or walk well • Medicine is not helping or • Getting worse, not better • Breathing hard & fast • Blue lips & fingernails Peak flow (optional):  Less than ≤ (Less than 50% of Personal Best)  HEALTH CARE PROVIDER ORDER AI Check all that apply:  Student has been instructed in the plant is ABLE TO CARRY AND SELF-AD  Student is to notify designated school	Continue CONTROL  DO NOT LEAVE STUDE  Fast-acting inhaled Bagor OR  Fast-acting inhaled Bagor Other  Other  ND SCHOOL MEDICATION CO  roper use of his/her asthma med MINISTER his/her INHALER AT SO of health personnel after using	Medicine & ADD RESCUE Medicines and GET HELP!  ENT ALONE! → Call for emergency 911 and start treatment  puff(s) MDI with spacer & every 20 minutes until paramedics arrive  nist  nebulizer treatment(s) every 20 minutes until paramedics arrive  Call 911 immediately and call Parent/Guardian  Parent/Guardian:  I approve of this asthma action plan. I give my permission for the school nurse and trained school personnel to follow this plan, administer medication(s), and contact my provider, if necessary. I assume full responsibility for providing the school with the prescribed medications and delivery and monitoring devices. I give my permission for the school to share the above information with school staff that need to know and permission for my child to participate in any asthma educational learning opportunities at school.
You have ANY of these:  • Cannot talk, eat, or walk well • Medicine is not helping or • Getting worse, not better • Breathing hard & fast • Blue lips & fingernails Peak flow (optional):  Less than ≤ (Less than 50% of Personal Best)  HEALTH CARE PROVIDER ORDER AI Check all that apply:  Student has been instructed in the properties of the polymer of	Continue CONTROL  DO NOT LEAVE STUDE  Fast-acting inhaled B-agor OR  Fast-acting inhaled B-agor Other  NO SCHOOL MEDICATION CO  Troper use of his/her asthma med MINISTER his/her INHALER AT SO To health personnel after using  Ince when using inhaler.	Medicine & ADD RESCUE Medicines and GET HELP!  ENT ALONE! → Call for emergency 911 and start treatment  puff(s) MDI with spacer & every 20 minutes until paramedics arrive  nist  nebulizer treatment(s) every 20 minutes until paramedics arrive  Call 911 immediately and call Parent/Guardian  Parent/Guardian:  I approve of this asthma action plan. I give my permission for the school nurse and trained school personnel to follow this plan, administer medication(s), and contact my provider, if necessary. I assume full responsibility for providing the school with the prescribed medications and delivery and monitoring devices. I give my permission for the school to share the above information with school staff that need to know and permission for my child to participate in any asthma educational learning
You have ANY of these:  • Cannot talk, eat, or walk well • Medicine is not helping or • Getting worse, not better • Breathing hard & fast • Blue lips & fingernails Peak flow (optional):  Less than ≤ (Less than 50% of Personal Best)  HEALTH CARE PROVIDER ORDER AI Check all that apply:  Student has been instructed in the prand IS ABLE TO CARRY AND SELF-AD  Student is to notify designated school inhaler at school.	Continue CONTROL  DO NOT LEAVE STUDE  Fast-acting inhaled B-agor OR  Fast-acting inhaled B-agor Other  NO SCHOOL MEDICATION CO  Troper use of his/her asthma med MINISTER his/her INHALER AT SO To health personnel after using  Ince when using inhaler.	Medicine & ADD RESCUE Medicines and GET HELP!  ENT ALONE! → Call for emergency 911 and start treatment  puff(s) MDI with spacer & every 20 minutes until paramedics arrive  nist  nebulizer treatment(s) every 20 minutes until paramedics arrive  Call 911 immediately and call Parent/Guardian  Parent/Guardian:  I approve of this asthma action plan. I give my permission for the school nurse and trained school personnel to follow this plan, administer medication(s), and contact my provider, if necessary I assume full responsibility for providing the school with the prescribed medications and delivery and monitoring devices. I give my permission for the school to share the above information with school staff that need to know and permission for my child to participate in any asthma educational learning opportunities at school.