



**Paso Robles Joint Unified School District**

800 Niblick Road  
Paso Robles, CA 93446

**Asthma Action Plan**

STUDENT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

School Site: \_\_\_\_\_ Date of Birth: \_\_\_\_\_




Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

**Asthma Severity:**

Intermittent      Mild      Moderate      Severe

**Symptoms Triggered by:**

Exercise      Dust      Animal Dander      Illness      Other:

<p><b>Green Zone</b></p> 	<ul style="list-style-type: none"> <li>No cough or wheezing at day or night</li> <li>No chest tightness</li> </ul>	<p>Take Controlled medication:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Inhaler</td> <td style="text-align: center;">Puffs</td> <td style="text-align: center;">Times/Day</td> </tr> </table> <p>If asthma is triggered by exercise, take:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Inhaler</td> <td style="text-align: center;">Puffs</td> <td style="text-align: center;">Times/Day</td> </tr> </table>	Inhaler	Puffs	Times/Day	Inhaler	Puffs	Times/Day
Inhaler	Puffs	Times/Day						
Inhaler	Puffs	Times/Day						
<p><b>Yellow Zone</b></p> <p><b>CAUTION!</b></p>  <p><b>Do Not Leave Student Alone</b></p>	<p>Any asthma symptoms:</p> <ul style="list-style-type: none"> <li>Cough or wheeze at day or night.</li> <li>Chest Tightness</li> <li>Problems Playing</li> </ul>	<p>Begin quick relief medication:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Inhaler</td> <td style="text-align: center;">Puffs</td> </tr> </table> <p>If symptoms improve within 15 minutes student may return to class.</p> <p><b>If symptoms are NOT improved, go to Red Zone</b> ↓</p>	Inhaler	Puffs				
Inhaler	Puffs							
<p><b>Red Zone</b></p> <p><b>Medical Alert!</b></p>  <p><b>Do Not Leave Student Alone</b></p>	<p>Any asthma symptoms:</p> <ul style="list-style-type: none"> <li>Persistent cough or wheeze</li> <li>Severe chest tightness</li> <li>Cannot walk, talk, or move well</li> <li>Blue skin color around lips or nails.</li> </ul>	<p>Administer quick relief medications:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Inhaler</td> <td style="text-align: center;">Puffs</td> </tr> </table> <p>repeat every 20 minutes until paramedics arrive.</p> <p><b>Call 911 Immediately</b></p> <p>Notify School Nurse or Site Nurse:</p> <p>Call Parent:</p>	Inhaler	Puffs				
Inhaler	Puffs							

Special Considerations:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_