

Asthma Action Plan Ages 0 – 11 Years

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

of Public Health			www.ct.gov/apn/astnma
Name:		Birth Date:	Date:
Parent/Guardian Phone #'s:	Provider Phone : Fax #: (or stamp)		
Important! Things that ma	ke your asthma worse (Trigge	rs): 🛛 smoke 🗖 pets	mold dust
☐ tree/grass/weed pollen	☐ colds/viruses ☐ exercis		other:
Severity Classification:	Severe Persistent Moderate	3 Persistent Li Mild Pers	sistem intermittent
GO - You're Doing We			AY TO PREVENT SYMPTOMS
You have <u>all</u> of these: Breathing is good No cough or wheeze	CONTROLLER MEDICIN	E DIRE	CTIONS
	0-4 YEARS OF AGE	<u> </u>	
Sleep through the night	Seasonal Symbicort 160/4.5mcg		
• Can work and play	☐ If your chi	ld usually has symptoms wi	ith exercise then give:
Peak Flow may be useful for some kids.	© Inhalers work better w	ith spacers. Always use	with a mask when prescribed.
CAUTION – Slow Down! Continue with Green Zone Medicine and Add:			
You have <u>any</u> of these: First signs of a cold Exposure to known trigger	RESCUE MEDICINE	DIRE	CTIONS
	,		
 Cough Wheeze Tight chest Coughing at night 	Then: Wait 20 minutes and see if the treatment(s) helped If you are GETTING WORSE or NOT IMPROVING after the treatment(s) GO TO RED ZONE If you are BETTER, continue treatments every 4 to 6 hours as needed for 24 to 48 hours If you still have symptoms after 24 hours, CALL YOUR DOCTOR and if he/she agrees: Start:		
	If rescue medication is needed more	than 2 times a week, call you	r doctor at:
DANGER – Get Help!	TAKE THESE ME		EDICAL HELP NOW!
Your asthma is	RESCUE MEDICINE	DI	RECTIONS
• Medicine is not helping			
Breathing is hard and fast Nose opens wide Can't talk well Getting nervous	Then: Wait 15 minutes and see if treatment helped If GETTING WORSE or NOT IMPROVING, go to the hospital or call 911		
School Nurse: Call provi	ider for control concerns or if rescue	medication is used more than	anytime for <u>ANY</u> problem or question with asthma 2 times/week for asthma symptoms 2 times/week for asthma symptoms
		COMMENCE OF THE PROPERTY OF THE PERSON OF TH	n accordance with CT State Law and Regulations 10-212a
			dent is not approved to self-administer this medication
nature:	Provider Printed Name:		For use from to
so authorize communication between the ma management and administration of t	tered by school personnel OR I author e prescribing health care provider, the school his medication.	ol nurse, the school medical adviso	f-administer medication. or and school-based clinic providers necessary for g asthma meds and spacer to all visits
ent/Guardian Signature:	Date:	DIII	y dodinia mode and spacer to an visite