

**Maine Township High School
Asthma Health Care Plan**

Student Name _____

Birthdate _____

ID # _____

Emergency Contact _____

Emergency Phone number _____

Severity Classification

Intermittent Moderate Persistent

Mild Persistent Severe Persistent

Triggers

Colds/Flu Odors (smoke, perfumes, cleaning products,) Exercise Food _____

Weather (sudden temp change, extreme hot or cold, ozone alert days)

Allergens (dust mites, carpets, pets, mold, pollen-trees, grass, weeds)

Other _____

If exercise triggers asthma,

Take how much _____ of this medicine _____ minutes before exercise.

Peak Flow Meter Personal Best = _____

Green Zone: Doing Well

- Breathing is good
- No cough or wheeze
- Can work and exercise
- Sleeps well at night

Control Medications:

Medicine	How much to Take	When to Take It

Peak Flow to

Yellow Zone: Caution

- some shortness of breath
- Cough, wheeze or chest tightness
- Symptoms of Cold or flu
- Some difficulty doing usual activities

Reliever Medications:

Medicine	How much to Take	When to Take It

Peak Flow to

Red Zone: Emergency

- Severe Breathing Problems
- Reliever Medication is not helping
- Breathing is hard or fast
- Difficulty walking and talking
- Lips blue, fingernails blue
- Other: _____

Take these medications and call 911:

Medicine	How much to Take	When to Take It

Peak Flow below

Authorization and Permission for Administration of Medication Form must accompany this Health Care Plan