



Name: _____ School: _____ DOB: ____ / ____ / ____

Severity Classification: ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent

Asthma Triggers (list): _____

Date Completed: ____ / ____ / ____ Vaccinations updated: ☐ Yes ☐ No



Green Zone: Doing Well

Symptoms: Breathing is good – No cough or wheeze – Can work and play – Sleep well at night

Control Medicine(s)	Medicine	How much to take	When and how often to take it	Take at
	_____	_____	_____	☐ Home ☐ School
Quick Relief Medicine(s)	_____	_____	_____	☐ Home ☐ School
SMART/ MART	☐ ICS/Formoterol _____ puff(s) with spacer _____ (daily max dose 12 puffs for ages 12+ yrs & 8 puffs for ages 4-11 yrs)			
Exercise Induced	☐ Use quick-relief medicine 10 minutes before physical activity as instructed			



Yellow Zone: Caution

Symptoms: Some problems breathing – Cough, wheeze, or tight chest – Problems working or playing – Wake at night

	Medicine	How much to take	When and how often to take it
Quick-relief Medicine(s)	☐ _____	_____	every 20 minutes for up to 1 hour OR Nebulizer (use once)
Control Medicine(s)	☐ Continue Green Zone medicines	_____	
SMART as quick reliever	☐ ICS/Formoterol _____ puff(s) with spacer _____ (daily max dose 12 puffs for ages 12+ yrs & 8 puffs for ages 4-11 yrs)		
Other	☐ _____	_____	

You should feel better within 20–60 minutes of the quick-relief treatment. If you are getting worse THEN follow the instructions in the RED ZONE and call your doctor or 911 right away!



Red Zone: Get Help Now!

Symptoms: Lots of problems breathing – Cannot work or play – Getting worse instead of better – Medicine is not helping – I feel very sick

Take Quick-relief Medicine NOW!

	Medicine	How much to take	When and how often to take it
	☐ _____	_____ (puffs)	_____
SMART as quick reliever	☐ ICS/Formoterol _____ puff(s) with spacer _____		_____
Other	☐ _____	_____	_____

Call 911 immediately if the following danger signs are present:

- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue
- Still in the red zone after 15 minutes

Parent/Guardian

- ☐ I give permission for the medicines listed in the action plan to be administered in school by the nurse or designated trained staff.
- ☐ I consent to communication between the prescribing health care provider or clinic, the school nurse, the school medical advisor or school-based health clinic providers necessary for asthma management and administration of this medicine.

Name _____ Date _____ Phone (____) ____ - ____ Signature _____

Healthcare Provider

Name _____ Date _____ Phone (____) ____ - ____ Signature _____

School Nurse

- ☐ The student has demonstrated the skills to carry and self-administer their quick-relief inhaler, including when to tell an adult if symptoms do not improve after taking the medicine.

Name _____ Date _____ Phone (____) ____ - ____ Signature _____

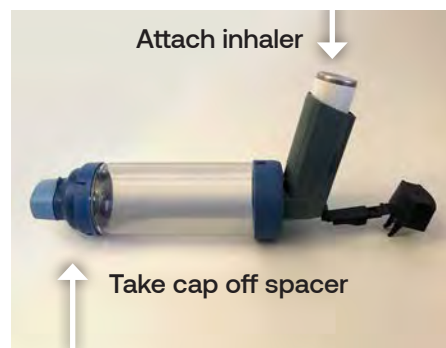
How to Use Your Inhaler and Spacer



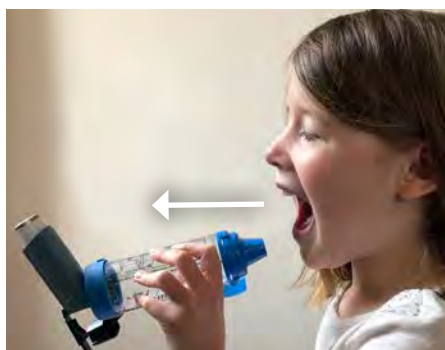
1. Take the cap off the inhaler



2. Shake the inhaler for 5 seconds



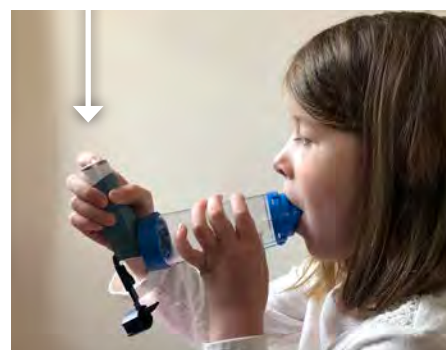
3. Attach to spacer and take cap off spacer



4. Breathe **OUT** all the way



5. Close lips around mouthpiece



6. Press down here



7. Breathe in **SLOWLY, DEEPLY**



8. Hold your breath for 10 seconds if you can. Then breathe out slowly.



If you need another puff of medicine, wait 1 minute then repeat steps 5-9.



9. Rinse with water and **SPIT OUT**

For more asthma videos, handouts, tutorials and resources, visit [Lung.org/asthma](https://www.lung.org/asthma).

You can also connect with a respiratory therapist for one-on-one, free support the American Lung Association's Lung HelpLine at **1-800-LUNGUSA**.