

# Asthma Action Plan

For: \_\_\_\_\_ Doctor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Doctor's Phone Number \_\_\_\_\_ Hospital/Emergency Department Phone Number \_\_\_\_\_

## GREEN ZONE

### Doing Well

- No cough, wheeze, chest tightness, or shortness of breath during the day or night
- Can do usual activities

**And, if a peak flow meter is used,**

**Peak flow:** more than \_\_\_\_\_ (80 percent or more of my best peak flow)

My best peak flow is: \_\_\_\_\_

Before exercise

\_\_\_\_\_  2 or  4 puffs \_\_\_\_\_ 5 minutes before exercise

Take these long-term control medicines each day (include an anti-inflammatory).  
**Medicine** \_\_\_\_\_ **How much to take** \_\_\_\_\_ **When to take it** \_\_\_\_\_



## YELLOW ZONE

### Asthma Is Getting Worse

- Cough, wheeze, chest tightness, or shortness of breath, or
- Waking at night due to asthma, or
- Can do some, but not all, usual activities

**-Or-**

**Peak flow:** \_\_\_\_\_ to \_\_\_\_\_ (50 to 79 percent of my best peak flow)



**Add: quick-relief medicine—and keep taking your GREEN ZONE medicine.**

\_\_\_\_\_  2 or  4 puffs, every 20 minutes for up to 1 hour  
(short-acting beta<sub>2</sub>-agonist)  Nebulizer, once



**If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:**

Continue monitoring to be sure you stay in the green zone.

**-Or-**

**If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:**

Take: \_\_\_\_\_  2 or  4 puffs or  Nebulizer  
(short-acting beta<sub>2</sub>-agonist)

Add: \_\_\_\_\_ mg per day For \_\_\_\_\_ (3-10) days  
(oral steroid)

Call the doctor  before/  within \_\_\_\_\_ hours after taking the oral steroid.

### Medical Alert!

- Very short of breath, or
- Quick-relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone

**-Or-**

**Peak flow:** less than \_\_\_\_\_ (50 percent of my best peak flow)

Take this medicine:

\_\_\_\_\_  4 or  6 puffs or  Nebulizer  
(short-acting beta<sub>2</sub>-agonist)

\_\_\_\_\_ mg  
(oral steroid)

**Then call your doctor NOW.** Go to the hospital or call an ambulance if:

- You are still in the red zone after 15 minutes AND
- You have not reached your doctor.



## RED ZONE

### DANGER SIGNS

- Trouble walking and talking due to shortness of breath
- Lips or fingernails are blue

Take  4 or  6 puffs of your quick-relief medicine AND

Go to the hospital or call for an ambulance \_\_\_\_\_ **NOW!**  
(phoning)

See the reverse side for things you can do to avoid your asthma triggers.

This guide suggests things you can do to avoid your asthma triggers. Put a check next to the triggers that you know make your asthma worse and ask your doctor to help you find out if you have other triggers as well. Then decide with your doctor what steps you will take.

### Allergens

#### Animal Dander

Some people are allergic to the flakes of skin or dried saliva from animals with fur or feathers.

The best thing to do:

- Keep furred or feathered pets out of your home.
- If you can't keep the pet outdoors, then:
  - Keep the pet out of your bedroom and other sleeping areas at all times, and keep the door closed.
  - Remove carpets and furniture covered with cloth from your home. If that is not possible, keep the pet away from fabric-covered furniture and carpets.

#### Dust Mites

Many people with asthma are allergic to dust mites. Dust mites are tiny bugs that are found in every home—in mattresses, pillows, carpets, upholstered furniture, bedcovers, clothes, stuffed toys, and fabric or other fabric-covered items.

Things that can help:

- Encase your mattress in a special dust-proof cover.
- Encase your pillow in a special dust-proof cover or wash the pillow each week in hot water. Water must be hotter than 130° F to kill the mites.
- Cold or warm water used with detergent and bleach can also be effective.
- Wash the sheets and blankets on your bed each week in hot water.
- Reduce indoor humidity to below 60 percent (ideally between 30—50 percent). Dehumidifiers or central air conditioners can do this.
- Try not to sleep or lie on cloth-covered cushions.
- Remove carpets from your bedroom and those laid on concrete, if you can.
- Keep stuffed toys out of the bed or wash the toys weekly in hot water or cooler water with detergent and bleach.

#### Cockroaches

Many people with asthma are allergic to the dried droppings and remains of cockroaches.

The best thing to do:

- Keep food and garbage in closed containers. Never leave food out.
- Use poison baits, powders, gels, or paste (for example, boric acid). You can also use traps.
- If a spray is used to kill roaches, stay out of the room until the odor goes away.

#### Indoor Mold

- Fix leaky faucets, pipes, or other sources of water that have mold around them.
- Clean moldy surfaces with a cleaner that has bleach in it.

#### Pollen and Outdoor Mold

What to do during your allergy season (when pollen or mold spore counts are high):

- Try to keep your windows closed.
- Stay indoors with windows closed from late morning to afternoon, if you can. Pollen and some mold spore counts are highest at that time.
- Ask your doctor whether you need to take or increase anti-inflammatory medicine before your allergy season starts.

### Irritants

#### Tobacco Smoke

- If you smoke, ask your doctor for ways to help you quit. Ask family members to quit smoking, too.
- Do not allow smoking in your home or car.

#### Smoke, Strong Odors, and Sprays

- If possible, do not use a wood-burning stove, kerosene heater, or fireplace.
- Try to stay away from strong odors and sprays, such as perfume, talcum powder, hair spray, and paints.

### Other things that bring on asthma symptoms in some people include:

#### Vacuum Cleaning

- Try to get someone else to vacuum for you once or twice a week, if you can. Stay out of rooms while they are being vacuumed and for a short while afterward.
- If you vacuum, use a dust mask (from a hardware store), a double-layered or microfilter vacuum cleaner bag, or a vacuum cleaner with a HEPA filter.

#### Other Things That Can Make Asthma Worse

- Sulfites in foods and beverages: Do not drink beer or wine or eat dried fruit, processed potatoes, or shrimp if they cause asthma symptoms.
- Cold air: Cover your nose and mouth with a scarf on cold or windy days.
- Other medicines: Tell your doctor about all the medicines you take. Include cold medicines, aspirin, vitamins and other supplements, and nonselective beta-blockers (including those in eye drops).



U.S. Department of Health and Human Services  
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National Heart  
Lung and Blood Institute

For more information, go to: [www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)

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# Illinois Asthma Episode Emergency Response Protocol\*

## October 2016

*This document was prepared by the Illinois State Board of Education in collaboration with the American Lung Association, Respiratory Health Association, Illinois Asthma Partnership, Chicago Asthma Consortium and Illinois Association of School Administrators in compliance with Public Act 99-0843.*

### Purpose

The purpose of this document is to provide assistance to a student experiencing asthma episode symptoms of wheezing, coughing, shortness of breath, chest tightness, and/or breathing difficulty.

### Equipment and Supplies

1. Prescribed quick-relief medication (albuterol, ProAir, Proventil, Ventolin, etc.). Many students have their own inhaler on their person, as allowed by state law. If asthma medication is not on the student, immediately summon school staff members who have access to the medication.
2. All equipment and supplies necessary for administering asthma medication (spacer, nebulizer machine, etc.)
3. Student's Asthma Action Plan (if available)

### Procedures

Step	Condition	Action
1	<p><b><u>Asthma Episode</u></b> If student exhibits any of the following signs such as wheezing, coughing, shortness of breath, chest tightness, or difficulty breathing....</p>	<ul style="list-style-type: none"> <li>• Assess student for any asthma episode symptoms.</li> <li>• Student report of "<b>needing my inhaler</b>" should be given primary weight even in the absence of other symptoms.</li> <li>• Summon or notify school nurse of student's condition regardless of severity of symptoms and report findings (if non-nurse is assisting student).</li> </ul>
2	<p><b><u>Severe Asthma Episode</u></b> If student has <u>any one or more</u> of the following severe asthma episode symptoms:</p> <ul style="list-style-type: none"> <li>• Very fast or hard breathing</li> <li>• Nasal flaring</li> <li>• Skin retracting/sucking over child's neck, stomach, or ribs with breaths</li> </ul>	<p>Do the following <b><u>in this order</u></b>:</p> <ul style="list-style-type: none"> <li>• <b>CALL 911 IMMEDIATELY</b></li> <li>• <b>CALL SCHOOL NURSE (RN) IF NOT ALREADY PRESENT</b></li> <li>• <b>CALL PARENT/GUARDIAN</b></li> </ul>

\*All staff members should review this protocol. Any staff member who may be likely to assist a student with asthma should review this protocol and practice with a "trainer" for the student's prescribed quick-relief inhaler. Training should be provided by a Registered Nurse (RN) assigned to the school, if available, or by reviewing the package insert of the student's quick-relief inhaler medication.

	<ul style="list-style-type: none"> <li>Breathing so hard they cannot walk or speak</li> <li>Lips or fingernail beds turn blue</li> </ul>	<ul style="list-style-type: none"> <li>Continue to step 5 "Quick-Relief Medication".</li> </ul>
3	<p><b><u>Loss of Consciousness</u></b> If student appears to lose consciousness or ability to participate in own treatment...</p>	<ul style="list-style-type: none"> <li><b>Call 911, if not already summoned.</b></li> </ul>
4	<p><b><u>No Quick-Relief Medication</u></b> If student has no quick-relief medication....</p>	<ul style="list-style-type: none"> <li><b>CALL 911 IMMEDIATELY</b></li> <li><b>CALL SCHOOL NURSE (RN), IF NOT ALREADY PRESENT</b></li> <li><b>CALL PARENT/GUARDIAN</b></li> </ul>
5	<p><b><u>Quick-Relief Medication</u></b> If student has quick-relief medication and the episode is not an emergency...</p>	<ul style="list-style-type: none"> <li>Assess respiratory status using peak flow meter.</li> <li>Give/assist with giving prescribed asthma quick-relief medication (with delivery device) as authorized by student's Asthma Action Plan or medical orders.</li> <li>Stay with the student and observe for improvement. <ul style="list-style-type: none"> <li>Stay calm, speak softly, encourage student to take slow, deep breaths.</li> <li>Seat student comfortably, indoors if possible. Remove outerwear, if present, and loosen clothing, if needed.</li> </ul> </li> <li>Do not permit student to lie down or fall asleep.</li> </ul>
6	<p><b><u>Improvement</u></b> If student improves after quick-relief medication given....</p>	<ul style="list-style-type: none"> <li>Monitor student for 15-20 minutes then allow student to return to class and resume activities.</li> <li>Repeat quick-relief medication every 10-20 minutes, or as authorized in student's Asthma Action Plan, until help arrives or student's breathing improves. Stay with the student until transferred or recovers. Call parent/guardian or direct someone else to contact parent/guardian.</li> </ul>
7	<p><b><u>No Improvement</u></b> If no improvement within 10 minutes of quick-relief medication administration, if symptoms</p>	<ul style="list-style-type: none"> <li><b>CALL 911 IMMEDIATELY</b></li> </ul>

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	<p>worsen, or if student develops any one of the following symptoms:</p> <ul style="list-style-type: none"> <li>c. Very fast or hard breathing</li> <li>d. Nasal flaring</li> <li>e. Skin retracting/sucking over child's neck, stomach, or ribs with breaths</li> <li>f. Breathing so hard they cannot walk or speak</li> <li>g. Lips or fingernail beds turn blue</li> </ul>	
8	<b><u>Recording Incidents</u></b>	<ul style="list-style-type: none"> <li>• Record all incident information per school or district's emergency medical response guidelines. If needed, work with parent/guardian to obtain Asthma Action Plan for the student.</li> </ul>

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