

Montana Student Asthma Action Plan

Student _____ School Nurse/Emergency Staff Phone _____ Fax _____

Teacher _____ Parent/Guardian _____ Phone _____

Student's Healthcare Provider _____ Phone _____ Fax _____

Green Zone	Student is feeling well
	<ul style="list-style-type: none">• No difficulty participating in usual activities• No chest tightness, shortness of breath, wheezing, or coughing during the day or night
	<u>Take these controller medications every day:</u> Medicine _____ Dosage _____ When to Take it _____ _____ _____
	<u>Before exercise:</u> Medication _____ Dosage _____ _____ minutes prior to activity
Yellow Zone	Student is not feeling well
	<ul style="list-style-type: none">• Chest tightness, shortness of breath, wheezing, or coughing with usual activities• Waking at night due to asthma symptoms
	<u>Continue taking controller medication(s) and add these quick-relief medications:</u> Medicine _____ Dosage _____ When to Take it _____ _____ _____
	Call student's healthcare provider if: _____ _____
Red Zone	Alert! Contact student's healthcare provider or call 911 if:
	<ul style="list-style-type: none">• Quick-relief medication is not helping• Breathing is hard and fast• Ribs are showing and nostrils are flaring• Can't walk or talk well
	<u>Take the following medications, and call the healthcare provider or contact EMS right away:</u> Medicine _____ Dosage _____ When to Take it _____ _____ _____

Other key medical information

Student self-carries rescue medication Rescue medication is stored _____

The student's asthma triggers are _____

Reviewed by parent/guardian _____ Date _____

Reviewed by school nurse/emergency staff _____ Date _____

Reviewed by student's healthcare provider _____ Date _____

