

MENASHA JOINT SCHOOL DISTRICT
ASTHMA MANAGEMENT AND EMERGENCY PLAN

	Date _____
Student _____	School _____ Grade _____
Address _____	Parent/Guardian _____
Home Phone _____	Father's Work _____ Mother's Work _____
Physician _____	Physician's Phone _____
Emergency Contact _____	Phone _____

Instructions to follow if an asthma flare-up occurs at school:	
a. Read peak flow meter	Yes No
b. Give medication:	
1. Inhaler Type _____	Dose _____ Frequency _____
2. Nebulizer Type _____	Dose _____ Frequency _____
C. If your child does not improve within 10-15 minutes, what steps should school personnel take next?	
Contact parent	
Repeat treatment	
Call 911 – Hospital of choice _____	

1. What triggers your student's asthma?

- | | |
|-----------------------|----------|
| Illness | Exercise |
| Allergies | Cold air |
| Other (explain) _____ | |

2. Describe your child's usual asthma symptoms:

- | | |
|-----------------------|---|
| Coughing | Chest tightness or funny feeling in chest |
| Shortness-of-breath | Weakness |
| Itchy throat | Nervousness |
| Other (explain) _____ | |

If your child needs medication(s) during school hours, you must have a Medication Consent Form signed by your child's doctor on file for THIS school year.

Green Zone
ALL CLEAR

I'm breathing my best.

Peak Flow _____
100 – 85% of best

I am able to do my usual activities and sleep without asthma symptoms.

I will keep taking my regular medicines.

1. _____
2. _____
3. _____
4. _____
5. _____

Yellow Zone
CAUTION

I'm not breathing my best. I need to take action to get my asthma under control.

Peak Flow _____
85-65% of best

I have signs of asthma that Keep me from doing my usual activities or sleeping.

I need to take my **extra** medicine:

1. _____
2. _____
3. _____

I will use my meter again in 10 minutes. If my numbers are not better, I will call my doctor.

Red Zone
MEDICAL ALERT

This is an emergency! I need help now!

Peak Flow _____
Below 65% of best

I need to take extra medicine right away.

If I am not better in 10 minutes, I will call my doctor or go to the Emergency Room.

I will call 911 if:

- I am getting worse or very short of breath.
- I have trouble walking or talking.
- The skin on my ribs or neck is pulled tight.
- My lips or fingernails are blue.

My Asthma Goals

- * Be active without having asthma symptoms. This includes being active in exercise and sports.
- * Sleep through the night without having asthma symptoms.
- * Prevent asthma episodes (attacks).
- * Avoid side effects from medicine.