Asthma Management Plan
Oak Creek-Franklin Joint School District, Oak Creek, WI

Student Name :	Birth	date:
School:	Sex: □ M	□F
Emergency Contact #1:	Home #:	Work #:
Emergency Contact #2:		Work #:
		Preferred Hospital:
1. Green = GO	Use long-term control med	licine and avoid asthma triggers
Breathing is good     No cough or wheeze     Can work and play	Medicine How much to	o take When to take it
If peak flow meter is used: Peak flow greater than (80% of my personal best) My personal best peak flow is	20 minutes before exercise/sports, use:  Albuterol / Maxair	
2. Yellow = CAUTION	Take quick-relief medicine	to keep asthma from getting bad
Cough Wheeze Tight chest Wake up at night	Medicine How much to Albuterol / Maxair	Now and every 4 hours
This is not where you should be every day. Take action to get your asthma under control.	Special Directions:	
If peak flow meter is used: to (50 - 79% of personal best)	<ul> <li>□ One hour after starting this Yellow Zone Plan; if you are not feeling better, or if you feel worse, follow Red Zone Plan</li> <li>□ If you are still in the Yellow Zone after 12 hours of following this Yellow Zone Plan, call your doctor or clinic</li> <li>□ Pay special attention to your Trigger Control Plan</li> </ul>	
3. Red = STOP = DANGER	Get help from a doctor now!	
Medicine is not helping Breathing is hard and fast Nose opens wide Can't walk Ribs show Can't talk well  If peak flow meter is used: Peak flow less than  (50% of oversand bott)	Take these medicines until you  Medicine How much to  Albuterol / Maxair	
	Go to the hospital or call an ambulance if:  You are still in the red zone after 15 minutes AND  You have not talked with your doctor	
(50% of personal best)	Danger Signs – CALL 911 if:  Trouble walking or talking due to shortness of breath  Lips or fingernails are pale blue or gray in color	
I agree to the above action plan and allow th	nis information to be shared confider	ntially as determined by the school principal.
Signature (Parent/Guardian)	Date	
Physician's Signature	Date	
Physician Address	Phone/Fa	ax #

Revision Date: 2/13/2013