



Children's National



SIGNS OF AN ASTHMA FLARE-UP

Young children may have early signs of an asthma flare up that are different from older children and adults. Follow your child's Asthma Action Plan as directed.

Your child may be in the yellow zone with **ANY** of these:

- Signs of a cold
- Cough or wheeze
- Tight chest
- Problems sleeping or playing
- Itchy, scratchy, sore throat, or clearing throat a lot
- Nose that is runny, stuffy, or rubbed a lot
- Dark circles under eyes
- Looks pale, tired, or weak
- Stomach aches or headaches
- Mood changes like being extra grouchy, extra quiet, or restless
- Eczema flare-up

Your child is in the red zone with **ANY** of these:

- Having trouble walking or talking due to shortness of breath
- Quick-relief medicine is not helping
- Breathing hard and fast
- Skin is sucked in around neck
- Nose flaring
- Hunched over
- Lots of coughing
- Ribs show

IMPACT DC Asthma Action Plan

Name: _____ School: _____ DOB: _____
 Health Care Provider: _____ Provider's Phone: _____
 Parent/Responsible Person: _____ Parent's Phone: _____
 Additional Emergency Contact: _____ Contact Phone: _____

DO NOT WRITE IN THIS SPACE

Place Patient Label Here

Asthma Severity (see reverse side) **Asthma Triggers Identified** (Things that make your asthma worse): **Date of Last Flu Shot:** _____
 Intermittent or Persistent: Mild Moderate Severe Colts Smoke (tobacco, incense) Pollen Dust Animals Strong odors Mold/moisture Pets (rodents, cockroaches) Stress/emotions Gastroesophageal reflux Exercise Season: Fall, Winter, Spring, Summer Other: _____

Asthma Control
 Well-controlled Needs better control

Green Zone: Go!—Take these CONTROL (PREVENTION) Medicines EVERY DAY

You have ALL of these:
 Breathing is easy
 No cough or wheeze
 Can work and play
 Can sleep all night

Peak flow in this area: _____
 (More than 80% of Personal Best)
 Personal best peak flow: _____

Yellow Zone: Caution!—Continue CONTROL Medicines and ADD QUICK-RELIEF Medicines

You have ANY of these:
 First sign of a cold
 Cough or mild wheeze
 Tight chest
 Problems sleeping, working, or playing

Peak flow in this area: _____
 (50%-80% of Personal Best)

Red Zone: EMERGENCY!—Continue CONTROL & QUICK-RELIEF Medicines and GET HELP!

You have ANY of these:
 Can't talk, eat, or walk well
 Breathing is not helping
 Breathing hard and fast
 Blue lips and fingernails
 Tired or lethargic
 Ribs show

Peak flow in this area: _____
 Less than 50% of Personal Best

REQUIRED Healthcare Provider Signature: _____ Date: _____
REQUIRED Responsible Person Signature: _____ Date: _____

Follow up with primary doctor in 1 week or: _____ Phone: _____
 Patient/parent has doctor/clinic number at home: _____

Government of the District of Columbia
 Vincent C. Gray, Mayor

SCHOOL MEDICATION CONSENT AND PROVIDER ORDER FOR CHILDREN/YOUTH
 Possible side effects of quick-relief medicines (e.g., albuterol) include: tremor, and nervousness.
 Healthcare Provider Initials: _____
 This student is capable and approved to self-administer the medication(s) named above.
 This authorization is valid for one calendar year.
As the RESPONSIBLE PERSON:
 I hereby authorize the student to possess and self-administer medication to the student.
 I hereby acknowledge that the District and its schools, employees and agents shall be immune from civil liability for acts or omissions under D.C. Law 13-101 except for criminal acts, intentional wrongdoing, gross negligence, or willful misconduct.

Government of the District of Columbia
 www.districtpartnership.org
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