

## The Grosse Pointe Academy Asthma Action Plan (AAP)

Child's Picture  
Face Only

Student's Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

**Call First (Parent/Guardian):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell: \_\_\_\_\_ Work #: \_\_\_\_\_

**Try Second (Parent/Guardian):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell: \_\_\_\_\_ Work #: \_\_\_\_\_

**IMPORTANT:** If prescribed an inhaler there must be two (2) inhalers provided to the school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following is to be completed by the PHYSICIAN:

1. Asthma severity (circle one): mild intermediate - mild persistent - moderate persistent - severe persistent
2. Medications (at school AND home):

<b>A. QUICK-RELIEF Medication Name</b>	MDI, Oral, Nebulizer?	Dosage or Number of Puffs
1.		
2.		
<b>B. ROUTINE Medication Name</b> (eg, anti-inflammatory)	MDI, Oral, Nebulizer?	Dosage or Number of Puffs Time of day
1.		
2.		
<b>C. BEFORE PE, EXERTION Medication Name</b>	MDI, Oral, Nebulizer?	Dosage or Number of Puffs
1.		
2.		

3. Check Known Triggers:

- Animals   
  Air Pollution   
  Cold Weather   
  Dust Mites   
  Exercise   
  Food  
 Mold   
  Pesticides   
  Respiratory Infection   
  Smoke   
  Strong Odors   
 Other: \_\_\_\_\_

4. Please check correct option:

- I have instructed this child in the proper way to use his/her inhaled medications. It is my professional opinion that this child **should be allowed to carry** and use that medication by him/herself.  
 It is my professional opinion that this child **should not carry** and use that medication by him/herself.

5. Peak Flow: Write patient's personal best peak flow reading under the Green Zone box (below).

<b>Green Zone</b>	<b>Yellow Zone</b>	<b>Red Zone</b>
No Symptoms	<b>Starting to cough, wheeze, chest tightness, or shortness of breath. Can do some, but not all, usual activities.</b>  Give quick-relief medication.	<b>Not responding to quick relief medication - Cough, short of breath, trouble walking or talking, nasal flaring, chest and neck pulls in with breathing, stooped body posture, lips or finger nails are grey or blue.</b>  Call 911 and begin emergency plan.
Personal Best Peak flow: _____	Peak flow from _____ to _____	Peak flow from _____ to _____

**School Emergency Plan:**

If student has: a) no improvement 15-20 minutes **AFTER** initial treatment with quick-relief medication, b) Peak flow of < 50% of usual best, c) trouble walking, or talking, or d) chest/neck muscle retractions with breaths, hunched, or blue color, then: 1) Give quick-relief meds; repeat in 20 minutes, if help has not arrived; 2) Seek emergency care (911); 3) Contact parents.

Physician's Name\* (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Address: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

\*Includes nurse practitioner or other health care provider as long as there is authority to prescribe.