### Go Zone - You're Doing Well!

**Use these Medicines Every Day to Prevent Symptoms**

#### Controller Medicine

<table>
<thead>
<tr>
<th>Dose/Route</th>
<th>How Much</th>
<th>How Often/When</th>
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1. Breathing is good
2. No cough or wheeze
3. Sleep through the night
4. Can work and play

**Recommended Medications:**
- **Albuterol MDI 90**
- **Nebulized Albuterol 2.5mg**

**Important Actions:**
- Please order a VHC Spacer to use with any MDIs
- Every 4 hours as needed before exercise

### Caution Zone - Slow Down!

**Continue with Go Zone Medicine and Add:**

#### Rescue Medicine

<table>
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<tr>
<th>How Much</th>
<th>How Often/When</th>
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</table>

1. **Albuterol MDI 90**
2. **Nebulized Albuterol 2.5mg**

**Important Actions:**
- If getting worse follow directions in Danger Zone and call your Health Care Provider
- If not improved in 2 days or any asthma questions/concerns - Call your Health Care Provider

### Danger Zone - Get Help!

**Take These Medicines and Call Your Provider Now**

#### Medication

<table>
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<tr>
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</table>

1. **Albuterol MDI 90**
2. **Nebulized Albuterol 2.5mg**

**Important Actions:**
- Call your Health Care Provider now! If they are not available, go directly to the emergency room or call 911 and bring this form with you.
- Make an appointment after all E.R. visits.

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### Health Care Provider School Medication Authorization

**Required** for Albuterol as stated in above plan, and in accordance with CT State Law and Regulations 10-212a

- Not to exceed **6 puffs** within regular school hrs (6hrs), without notifying provider

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- Not to exceed **6 puffs** within regular school hrs (6hrs), without notifying provider

**Side Effects:**
- Not expected, or

**Medication Allergies:**
- NKDA, or

**Self-Administration:**
- This student is capable to safely and properly self-administer this medication
- This student is not approved to self-administer this medication

**Signature:**  

**Date:**  

**For the School Year (365 days):**

**Parent/Guardian Consent:**
- **Required**

- I authorize the student to possess and self-administer medication
- I authorize this medication to be administered by school personnel
- I authorize exchange of information between the prescribing health care provider and school nurse to ensure the safe administration of this medication plan

**Signature:**  

**Date:**  

* Bring asthma meds and spacer to all visits

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ASNC/CTAAP/10.16, 2.17
EMERGENCY ASTHMA CARE PLAN FOR INDIVIDUAL STUDENT

NAME: ________________________ GRADE/SCHOOL: ____________________

Known Asthma Triggers: ☑️ smoke  ☐ pets  ☐ mold  ☐ dust-mites  ☐ pollen/trees  ☐ colds/viruses  ☐ exercise  ☐ seasons: other:

**Symptoms of Asthma:** Coughing, Wheezing, Shortness of Breath, Chest Tightness

**Symptoms of Severe Asthma:** Rapid or hard breathing; Wheezing heard with breathing; Inability to speak in full sentences without pausing for a breath or coughing; Hunched over position; “Sucking in” of skin at neck or between ribs; Bluish or pale color around mouth; Scared or panic appearance

**STEPS TO FOLLOW AT THE ONSET OF ANY OF THE ABOVE SYMPTOMS:**
1. Stop physical activity and keep student calm; encourage slow deep breathing if possible
2. **Administer Albuterol Inhaler** (see technique below) ____ puffs (with spacer if available)
3. Monitor for improvement in symptoms and breathing over the next 20 minutes: **call school nurse if not improved**  ☐ May repeat same dose in _____ minutes
4. **Call 911** at any time student appears to be in distress / having symptoms of severe asthma then notify school nurse and parent.

**ALBUTEROL INHALER (MDI) INSTRUCTIONS with Spacer:**

1. Shake the inhaler (usually 3-4 shakes) and prime by spraying into air away from face until you see a full puff of medication come out of inhaler
2. Put the inhaler into the spacer
3. Breathe out all the way
4. Bring spacer to your mouth, put the mouthpiece between your teeth and close your lips around it
5. Press the top of the inhaler once

6. **Breathe in slowly (around 3-5 seconds)** until you have taken a full breath. If you hear a whistle sound, you are breathing in too fast.
7. Hold your breath for about ten seconds, and then breathe out
8. Repeat 2nd puff after about 1 minute

**If Spacer not available:**
Follow same steps except hold inhaler in front of open mouth and press while starting to breathe in

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**EMERGENCY CONTACTS**

**School Nurse Office:** ________________________  **Cell:** ________________________

**Parent/Guardian Name:** ________________________

**Home:** ________________________  **Cell:** ________________________