

Saint David's School
 12 East 89th Street • New York, NY 10128 • 212.369.0058
2008-2009 ASTHMA ACTION PLAN

Student's Name: _____

DOB: _____

<p>GREEN = GO</p> <p>___ BREATHING IS GOOD ___ NO COUGH OR WHEEZE ___ CAN WORK/PLAY</p> <p>NOTES _____ _____ _____</p>	<p style="text-align: center;">USE THESE DAILY CONTROLLER MEDICATION(S)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>MEDICINE</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>DOSE</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>INTERVAL</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>BEFORE SPORTS OR PLAY, USE THIS MEDICINE: _____ _____</p>	<u>MEDICINE</u>	<u>DOSE</u>	<u>INTERVAL</u>																			
<u>MEDICINE</u>	<u>DOSE</u>	<u>INTERVAL</u>																					
<p>YELLOW = CAUTION</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">___ COUGH</td> <td style="width: 50%; text-align: center;">CALL DOCTOR</td> </tr> <tr> <td>___ WHEEZE</td> <td style="text-align: center;">___ YES</td> </tr> <tr> <td>___ TIGHT CHEST</td> <td style="text-align: center;">___ NO</td> </tr> <tr> <td>___ WAKE UP AT NIGHT</td> <td> </td> </tr> <tr> <td>___ FIRST SIGN OF COLD</td> <td> </td> </tr> </table>	___ COUGH	CALL DOCTOR	___ WHEEZE	___ YES	___ TIGHT CHEST	___ NO	___ WAKE UP AT NIGHT		___ FIRST SIGN OF COLD		<p style="text-align: center;">TAKE THESE MEDICATIONS TO KEEP FROM GETTING WORSE</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>MEDICINE</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>DOSE</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>INTERVAL</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>SPECIAL INSTRUCTIONS: _____ _____</p>	<u>MEDICINE</u>	<u>DOSE</u>	<u>INTERVAL</u>									
___ COUGH	CALL DOCTOR																						
___ WHEEZE	___ YES																						
___ TIGHT CHEST	___ NO																						
___ WAKE UP AT NIGHT																							
___ FIRST SIGN OF COLD																							
<u>MEDICINE</u>	<u>DOSE</u>	<u>INTERVAL</u>																					
<p>RED = STOP</p> <p>___ MEDICINE IS NOT HELPING ___ HEART RATE OR PULSE IS VERY FAST ___ NOSE OPEN WIDE WHEN BREATHING ___ HARD TO WALK OR TALK IN SENTENCES ___ LIPS OR FINGERNAILS TURN GRAY OR BLUE</p>	<p style="text-align: center;">GET HELP FROM A DOCTOR NOW!</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>MEDICINE</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>DOSE</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>INTERVAL</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>SPECIAL INSTRUCTIONS: _____ _____</p>	<u>MEDICINE</u>	<u>DOSE</u>	<u>INTERVAL</u>																			
<u>MEDICINE</u>	<u>DOSE</u>	<u>INTERVAL</u>																					

*This order form will be in effect for the 2008-2009 school year only. **These orders will **not be valid** without the **Provider's Office Stamp** below. Stamp should contain name, address, phone and license #. Parents must also sign.*

Provider's Signature

****Office Stamp:**

Date Ordered (*Order will expire on the last day of 2008-2009 school year.)

Parent/Guardian's Signature

Date