



DELAWARE MODERN PEDIATRICS, P. A.

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Asthma Action Plan

Student's Name: _____ Date of Birth: _____ Date of Plan: _____
(Plan is valid for 1 year.)

Usual Daily Medications:

See Medication list (attached)

Usual "Best" Peak Flow: _____

Yellow Zone: If the child has difficulty breathing, wheezing, or peak flow is under _____:

Give Albuterol MDI (2 puffs or nebulizer), then recheck Peak Flow in 10 minutes.

- If Peak Flow improves and the child is breathing normally:
 - the child may return to class.
 - Recheck Peak Flow in 4 hours and notify parent.
- If Peak Flow has not improved in 10 minutes, notify parent or our office.

Red Zone: If the Peak Flow is under _____ or the child is in distress:

- Give Albuterol MDI 2 puffs or nebulizer.
- Call parent, our office, or 911 immediately.

This child has been instructed in the proper way to use his/her medications. In my professional opinion, he/she should be allowed to carry and use the medications by him/herself.

This child should receive his medications from the school nurse as needed.

Physician

Date

Parent

Date