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| ASTHMA MANAGEMENT & ACTION PLAN | | | | | | |
|---------------------------------|-----|----------------|--|--|--|--|
| Patient's Name | | | | | | |
| DOB | | Date Completed | | | | |
| Parents' Name | | | | | | |
| Permission to carry meds? | ves | no | | | | |

| | | ASTHMA MANAGEMENT | PLAN | | | |
|--|--------------------------------|---|--|--|--|--|
| Type:AllergicExercise Induced | Both | Severity:Mild Intermittent | Mild persistent _ | Moderate PersistentSevere Persistent | | |
| | | Irritants triggering asthmatobacco smoke | Anaphylactic Allergies?yesno Emotions triggering asthmafear or worry | | | |
| featherslatexanimal danderfarm animalshouse dustdust mitesmoldsmedicationsplants | | air pollution, smoghot or cold weatherchange in weatherstrong odors: mold, perfume, etcchemicals: paints, fertilizers | angerexcitementcryinglaughingother emotions | | | |
| Controller Medications taken regula Name | i rly: Dosage ——— | When to Use | Name | Quick-relief (rescue) medications: Dosage When to Use As needed | | |
| | | | Personal Best P | eak Flow reading: | | |
| Medical Contacts: Physician's Name | | Phone | | Emergency Contact: Name | | |
| Preferred Hospital | | Address | | Phone | | |
| Preferred Ambulance Service | | Phone | | Relationship | | |
| Health Insurance | | Policy # | | | | |
| Parental Contact: Home Address | | City | | Zip | | |
| Home Phone | | Father's cell | Father's w | Father's work phone | | |
| Mother's cell | | Mother's work phone | | | | |
| Nearest relative: Name | | Relation | | Phone | | |
| To prevent asthma flares, use of Avoid asthma triggers As precaution, before exercise of | controller me r sports, use | ACTION PLAN In all normal activities, sleep, study, play ds as prescribe puffs of The tight chest, shortness of breath, waking the state of the s | | perform daily activity: | | |
| Take | | dose | if not feeling well wit | hin an hour | | |
| Then increase | | dose | add | dose | | |
| Patient is hunched over trying to breat or lips or fingernails are gray or blu | he MEDIC <i>i</i> e. | - | s trouble walking | or talking due to shortness of breath | | |
| | | dose | | | | |
| Take | | dose | call | | | |
| Special Instructions: | | | | | | |
| Physician's Signature | | Date | | | | |
| Parent/Guardian Signature | | Date | | | | |