



Daily Asthma Management Plan

Identify the things which start an asthma episode. Check each that applies to the student.

- | | | |
|---|--|---|
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Strong odors or fumes | <input type="checkbox"/> Respiratory infections |
| <input type="checkbox"/> Chalk dust/ dust | <input type="checkbox"/> Change in temperature | <input type="checkbox"/> Carpets in the room |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Pollens | <input type="checkbox"/> Mold |
| <input type="checkbox"/> Food | <input type="checkbox"/> Other | |

Comments _____

Control of School Environment

List any environmental control measures, pre-medications, and/or dietary restrictions that the student needs to prevent an asthma episode.

Daily Medication Plan

Name	Dose	Frequency
------	------	-----------

2. _____
3. _____

Peak Flow Monitoring

Readings

Green Zone (Student's breathing is good.) _____ to _____
Yellow Zone (Student is having a "flare up") _____