

Massachusetts Asthma Action Plan

The colors of a traffic light will help you use your asthma medicine.

| | | |
|--|-------------------|------------------------------|
| Name: | | Date: |
| Birth Date: | Doctor/Nurse Name | Doctor/Nurse Phone # |
| Patient Goal: | | Parent/Guardian Name & Phone |
| Important! Avoid things that make your asthma worse: | | |



Green means Go Zone!
Use controller medicine.

Yellow means Caution Zone!
Add quick-relief medicine.

Red means Danger Zone!
Get help from a doctor.

Personal Best Peak Flow: _____

GO – You're Doing Well! ➡ **Use these daily controller medicines:**

You have all of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can go to school and play



Peak flow from _____ to _____

| MEDICINE/ROUTE | HOW MUCH | HOW OFTEN/ WHEN |
|----------------|----------|-----------------|
| | | |
| | | |
| | | |

CAUTION – Slow Down! ➡ **Continue with green zone medicine and add:**

You have any of these:

- First signs of a cold
- Cough
- Mild wheeze
- Tight Chest
- Coughing, wheezing, or trouble breathing at night



Peak flow from _____ to _____

| MEDICINE/ROUTE | HOW MUCH | HOW OFTEN/ WHEN |
|----------------|----------|-----------------|
| | | |
| | | |
| | | |

CALL YOUR DOCTOR/ NURSE: _____

DANGER – Get Help! ➡ **Take these medicines and call your doctor now.**

Your asthma is getting worse fast:

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Can't talk well



Peak flow from _____ to _____

| MEDICINE/ROUTE | HOW MUCH | HOW OFTEN/ WHEN |
|----------------|----------|-----------------|
| | | |
| | | |
| | | |

GET HELP FROM A DOCTOR NOW! Do not be afraid of causing a fuss. Your doctor will want to see you right away. It's important! If you cannot contact your doctor, go directly to the emergency room and bring this form with you. **DO NOT WAIT.**

Make an appointment with your doctor / nurse within two days of an ER visit or hospitalization.

Doctor /NP/PA Signature: _____ Date: _____

I give permission to the school nurse, my child's doctor/NP/PA or _____ to share information about my child's asthma

Parent/Guardian Signature: _____ Date: _____

****SEE BACK OF SCHOOL COPY FOR STUDENT MEDICATION ADMINISTRATION AUTHORIZATION****

****IMPORTANT INSTRUCTIONS: SEPARATE THIS PAGE BEFORE WRITING****

Consent for administration of medication in school:

I consent to have the school nurse or school personnel designated by the school nurse administer the medication as prescribed on the reverse side of page.

Parent/Guardian Signature _____ DATE _____

Authorization for student self-administration of medication in school:

I have instructed this student in the proper way to use his/her medications. Medications administered must be consistent with school policy and a medication plan must be developed with the school nurse in accordance with the Massachusetts Regulations Governing the Administration of Prescription Medications in Public and Private Schools (105 CMR 210.000), as printed below. Translated copies of the regulation can be obtained from the Massachusetts Department of Public Health 250 Washington Street, Boston, MA 02118. It is my professional opinion that this student may self-administer the medication and may be allowed to carry and use his/her medications by him/herself.

COMMENTS/ SPECIAL INSTRUCTIONS:

SIGNATURES

DATE

Student's Doctor/Nurse _____

Parent/Guardian _____

Medication administration plan completed _____

School Nurse's approval _____

SIGNATURE

Listed below are regulations governing the self – administration of Prescription medication 105 CMR 210.006

- (A) Consistent with school policy, students may self-administer prescription medication provided that certain conditions are met. For the purposes of 105 CMR 210.000, "self administration" shall mean that the student is able to consume or apply prescription medication in the manner directed by the licensed prescriber, without additional assistance or direction.
- (B) The school nurse may permit self medication of prescription medication by a student provided that the following requirements are met:
 - (1) the student, school nurse and parent/guardian, where appropriate, enter into an agreement which specifies the conditions under which prescription medication may be self administered;
 - (2) the school nurse, as appropriate, develops a medication administration plan (105 CMR 210.005 (E) which contains only those elements necessary to ensure safe self administration of prescription medication;
 - (3) the school nurse evaluates the student's health status and abilities and deems self-administration safe and appropriate. As necessary, the school nurse shall observe initial self-administration of prescription medication;
 - (4) the school nurse is reasonably assured that the student is able to identify the appropriate prescription medication, knows the frequency and time of day for which the prescription medication is ordered, and follows the school self administration protocols;
 - (5) there is written authorization from the student's parent or guardian that the student may self medicate, unless the student has consented to treatment under M.G.L. c. 112, § 12F or other authority permitting the student to consent to medical treatment without parental permission;
 - (6) if requested by the school nurse, the licensed prescriber provides a written order for self administration;
 - (7) the student follows a procedure for documentation of self-administration of prescription medication;
 - (8) the school nurse establishes a policy for the safe storage of self-administered prescription medication and, as necessary, consults with teachers, the student and parent/guardian, if appropriate, to determine a safe place for storing the prescription medication for the individual student, while providing for accessibility if the student's health needs require it. This information shall be included in the medication administration plan. In the case of an inhaler or other preventive or emergency medication, whenever possible, a backup supply of the prescription medication shall be kept in the health room or a second readily available location;
 - (9) the school nurse develops and implements a plan to monitor the student's self-administration, based on the student's abilities and health status. Monitoring may include teaching the student the correct way of taking the prescription medication, reminding the student to take the prescription medication, visual observation to ensure compliance, recording that the prescription medication was taken, and notifying the parent, guardian or licensed prescriber of any side effects, variation from the plan, or the student's refusal or failure to take the prescription medication;
 - (10) with parental/guardian and student permission, as appropriate, the school nurse may inform appropriate teachers and administrators that the student is self-administering a prescription medication.