



# PEDIATRIC ASSOCIATES, P. A.

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MEDICAL ARTS PAVILION #2, SUITE 1116  
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## Asthma Action Plan

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Plan: \_\_\_\_\_

Usual Daily Medications: \_\_\_\_\_  
\_\_\_\_\_

Usual "Best" Peak Flow: \_\_\_\_\_

Yellow Zone: If the child has difficulty breathing, tight chest, wheezing, or peak flow is under \_\_\_\_\_:

Treatment -

- Give Albuterol MDI 2 puffs or nebulizer.
- Notify parent or our office.
- Recheck peak flow in 10 minutes.

Improvement -

- If peak flow improves and the child is breathing normally he/she may return to class.  
Recheck in 4 hours.

No Improvement -

- Repeat treatment if the child has not improved.

Red Zone: If peak flow is under \_\_\_\_\_ or child is in distress:

Treatment -

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

This child has been instructed in the proper way to use his/her medications and should be allowed to carry and use this medication without assistance.

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

\_\_\_\_\_  
Physician/NP/PA

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date