OFFICE OF THE SCHOOL NURSE

ASTHMA MANAGEMENT PLAN

INDIVIDUALIZED PEAK FLOW GUIDELINES SCHOOL/HOME INSTRUCTIONS

			(child's name)is being treated by(Physician's name & phone #).	
Severity Level: mild intermittent / Asthma triggers:		-	severe persistent	
Date: Peak Flow Readings: 100-80%	Personal Bes _ 80-65% 65-5	et Peak Flow: 0% <50%		
When using a peak flow meter to mea • If the meter reading is between	_		:	
2. No Restricted Activ	ities.	<u>Dose</u>		
If the meter reading is between Continue above daily m	nedications. ort burst medicine: in 24 hours. v is above 80 for two d t restricted. (circle one	ing actions should be taken		
2		<u>Dose</u>	<u>Time</u>	
 If meter reading is between 6 Continue adrenaline-like If meter reading continu Or spouse @ Activities restricted. If the meter reading is in the contact the parent or doctor in the contact of the contact in the c	e medication. ues in this zone - notify ne 50% range or belo	sponsor @ emergency contact @		
Parent Signature		——————————————————————————————————————	gnature and Date	