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Asthma Action Plan

Name: _____ Date of Birth ____/____/____

Green Zone (Good)

Take these “controller” medicines every day, even when feeling well.

Use a spacer with inhalers as directed by your doctor.

Controller Medicine(s): _____

Controller Medicine(s) Given in School: _____

Rescue Medicine: Albuterol / Levalbuterol (Xopenex) _____ puffs every 4 hours as needed.

Exercise Medicine: Albuterol / Levalbuterol (Xopenex) _____ puffs 15 – 20 minutes before activity as needed.

Yellow Zone (Fair)

Begin this treatment plan if the you have a cough, wheeze, shortness of breath or tight chest.

Take all these medicines if your MAST® test is in Yellow Zone in KagenAir app. KagenAir.com

Rescue Medicine Albuterol / Levalbuterol (Xopenex) _____ puffs every 4 hours as needed.

Controller Medicine(s)

Continue Green Zone Medicines: _____

Add: _____

Change: _____

If in the Yellow Zone more than 24 hours or feeling worse, follow the Red Zone below and call your doctor right away !

Red Zone (Poor Control)

Call 911 if you're having severe trouble breathing.

Take rescue medicine(s) now

Albuterol / Levalbuterol (Xopenex) _____ puffs every _____

Take: _____

If not better right away, immediately call 911.

Measure your Asthma Symptom Score daily using the MAST® test in the KagenAir® App. www.KagenAir.com

Parent/Guardian: I give written authorization for the medications listed in this Asthma Action Plan to be administered in school by the nurse or other school members as appropriate. I consent to communication between our doctors, school nurse, medical advisor and/or school-based health clinic providers as necessary for asthma management and administration of these medications.

Parent / Guardian Signature

Date: ____/____/____

100 West Lawrence St.
Appleton, WI 54911
920-739-91001

School Nurse Reviewed

Date: ____/____/____

555 S. Washburn St.
Oshkosh, WI 54904
920-231-59001

2333 Riverside Dr.
Green Bay, WI 54301
920-432-88001

333 N. Peters Ave
Fond du Lac, WI 54935
920-924-04001