Wiesbaden High School
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 / mild persistent / moderate persistent /severe persistent
Asthma Triggers: _____

Date: _____ **Personal Best Peak Flow:** _____
Peak Flow Readings: 100-80% _____ **80-65%**_____ **65-50%** _____ **<50%** _____

When using a peak flow meter to measure lung function, follow these instructions:

- ***If the meter reading is between 100-80%, the following actions are to be taken:***
  - ✓ **Daily long-acting medicine** **Dose** **Time**
    1. _____ _____ _____
    2. _____ _____ _____
  - ✓ **No restricted activities.**
  - ✓ **No short burst medicines administered @ school.**

- ***If the meter reading is between 80-65%, the following actions should be taken:***
  - ✓ **Continue daily medications listed above.**
  - ✓ **Add adrenaline-like/short burst medicine:** _____ _____ **puffs**
  - ✓ **Give three to six times in 24 hours.**
  - ✓ **Continue until peak flow is above 80% for two days.**
  - ✓ **Activities: restricted/not restricted. (Circle one.)**
  - ✓ **Additional medications to be given:**

    Medicine **Dose** **Time**
    1. _____ _____ _____
    2. _____ _____ _____

- ***If meter reading is between 65-50%, the following actions should be taken:***
  - ✓ **Continue adrenaline-like medication.**
  - ✓ **If meter reading continues in this zone, notify sponsor @** _____ **or spouse @** _____, **emergency contact @** _____
  - ✓ **Activities restricted.**

- ***If the meter reading is in the 50% range or below and the child is experiencing respiratory distress, contact the parent or doctor immediately.***

_____ _____
Parent signature **Physician signature and date**