

ASTHMA ACTION PLAN

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician order for Pulse Oximeter:  Yes  No Call EMS if oxygen level is below  %

**ASTHMA HISTORY**  
**(To be filled in by Parent/Guardian)**

When was student diagnosed with asthma/reactive airway disease? \_\_\_\_\_

What are the primary triggers (causes) of student's asthma episodes?

- |   |  |
|---|--|
| <input type="checkbox"/> Exercise                           | <input type="checkbox"/> Respiratory Infections        |
| <input type="checkbox"/> Animals                            | <input type="checkbox"/> Chalk Dust                    |
| <input type="checkbox"/> Seasonal Allergies, pollens, molds | <input type="checkbox"/> Strong Odors, fumes, perfumes |
| <input type="checkbox"/> Other _____                        |  |

How often does student have Asthma Episodes?

- Less than or equal to 2 days/week or 2 nights/month
- More than 2 days/week but less than once every day, or more than 2 nights/month
- Daily symptoms or more than 1 night/week
- Continual daytime symptoms and frequent symptoms at night

Does student take any preventative medication at home on a daily basis? If so, please list,

\_\_\_\_\_  
\_\_\_\_\_

Does student use any emergency or "as needed" medication (inhaler or nebulizer) at home? If so please list,

\_\_\_\_\_  
\_\_\_\_\_

**Any medication to be used during school hours or activities must have a physician's order. (See page 2)**

**MANAGEMENT OF AN ACUTE ASTHMA EPISODE IN SCHOOL**

**If student has excessive coughing, wheezing, shortness of breath or chest tightness:**

- Speak calmly and reassuringly.
- If available, administer prescribed medication by inhaler or nebulizer.  
This student \_\_\_\_\_ has an inhaler in the nurse's office \_\_\_\_\_ carries an inhaler (MD order required).
- If quick relief inhaler is not available and student is able, send to nurse's office with a buddy or staff member. If student is unable to go to nurse's office, call for the nurse (or parent if after school hours) to bring medication.
- Reassure student after medication is given. Encourage slow, deep breathing.
- Student should respond to treatment within 15-20 minutes.
- If medication is ineffective and/or student shows signs of distress, is struggling to breathe (hunched over/ribs showing), has blue lips, becomes unconscious, or stops breathing, call 911/Rescue squad.
- Start CPR if necessary.
- Notify Parent or Guardian.
- Other: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_