

ASTHMA ACTION PLAN

Name: _____ DOB: _____ Grade/Teacher: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Secondary Contact: _____ Phone: _____

Physician: _____ Phone: _____

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?

- | | |
|---|------------------------------------|
| ____ Exercise | ____ Respiratory Infections |
| ____ Animals | ____ Chalk Dust |
| ____ Seasonal Allergies, pollens, molds | ____ Strong Odors, fumes, perfumes |
| ____ 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: _____