

ASTHMA ACTION PLAN

Name: _____ Teacher: _____ Grade: _____ Age: _____

Parent/Guardian: _____ Cell # _____ Work # _____ Home # _____

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Emergency Contact: _____ Relationship: _____ Phone: _____

Physician Treating Student for Asthma: _____ Phone: _____

When was your child diagnosed with asthma? _____

When was your child's last asthma attack? _____

How many times does your child see the Dr each year because of asthma? _____

Does your child use a peak flow meter? Yes No If yes, what is the normal reading? _____

Does your child have allergies? Yes No If yes, please list: _____

What signs or symptoms occur during an asthma attack? _____

Emergency Plan (Emergency action is necessary when the student has any of the symptoms stated above)

Steps to take during an asthma episode:

1. Check peak flow.
2. Give medications as listed below.
3. Contact parent/guardian if: _____
4. Re-check peak flow in 10-15 minutes.

5. Call 911 if the student has any of the following:

- Coughs constantly
- No improvement 15 minutes after initial medication is given and a relative cannot be reached
- Chest or neck retractions with breathing
- Struggling or gasping for air
- Trouble walking or talking
- Stooped body posture
- Stops playing and can't start activity again
- Lips or fingernails are gray or blue
- Peak flow of _____

Emergency Asthma Medications

Name	Dose	When to Use
1. _____		
2. _____		

Daily Asthma Management (Check each trigger that could start an asthma episode for your student)

Exercise Strong odors or fumes Environmental factors Medications Pollens
 Animals Respiratory Infections Seasonal Change Food Molds

Peak Flow (Personal Best) _____ **Student will carry inhaler** _____ **Inhaler will be kept in nurse's office** _____

Comments/Special Instructions:

Parent/Guardian Signature: _____