

ASTHMA ACTION PLAN

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

Parent/Guardian: _____ Cell # _____ Work # _____

Parent/Guardian: _____ Cell # _____ Work # _____

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? _____

What signs or symptoms occur during an asthma attack? _____

EMERGENCY PLAN

Steps to take during an asthma episode:

1. Check peak flow
2. Give medications as listed below
3. Contact parent/guardian
4. Re-check peak flow in 10-15 minutes
5. Call 911 if the student has any of the following:
 - Coughing constantly
 - No improvement 15 minutes after initial medication is given
 - Chest or neck pulling in 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 _____

**GET
HELP
NOW!**

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: _____