

ASTHMA ACTION PLAN

Student Information

Student: _____ Birthdate: _____

Grade: _____ Homeroom Teacher or Class: _____

Physical Education Days and Times: _____

Emergency Information

Parent(s) or Guardian(s) _____

Mother: Tel (W) _____ Tel (H) _____

Father: Tel (W) _____ Tel (H) _____

Physician _____ Tel _____

In case of emergency, contact:

1. Name _____ Tel _____

2. Name _____ Tel _____

3. Name _____ Tel _____

Asthma Emergency Action

The following are possible signs of an asthma emergency:

- Difficulty breathing, walking, or talking
- Blue or gray discoloration of the lips or fingernails
- Failure of medication to reduce worsening symptoms.

These signs indicate the need for emergency medical care. The steps that should be taken:

- Activate the emergency medical system in your area. Tel _____
- Call parent/guardian or physician.

Triggers: _____

Personal best peak flow _____

All Current Medications

| Name of Medication | Dosage | Time |
|--------------------|--------|------|
| | | |
| | | |
| | | |
| | | |

Medications to be Given at School (if any)

| Name of Medication | Dosage | Time |
|--------------------|--------|------|
| | | |
| | | |
| | | |
| | | |

Steps for an Acute Asthma Episode (to be completed by physician)

1. _____
2. _____
3. _____
4. _____

_____ Date

Parent/Guardian Signature

_____ Date

Physician Signature

Source: Managing Asthma: A Guide for Schools. National Heart, Lung and Blood Institute (NHLBI). National Institutes of Health. U.S. Department of Health and Human Services and the Fund for the Improvement and Reform of Schools and Teaching. Office of Educational Research and Improvement: (OERI). U.S. Department of Education, September 1991. NIH Publication No. 91-2650.

SELF-MEDICATION FOR ASTHMA INHALERS AUTHORIZATION FORM

Student _____ Date _____

Address _____ Home Tel _____

City/State/Zip _____

Name of Medication _____

Dosage _____

Date to Begin Administration _____ Date to End Administration _____

Adverse reactions that should be reported to physician:

Adverse reactions for unauthorized user:

Procedure to follow in the event that medication does not produce the expected relief from student's asthma attack:

Other special instructions:

Physician and Parent/Guardian Names, Signatures, and Emergency Numbers

Physician Name _____ Tel _____

Signature of Physician _____ Date _____

Parent(s) Name _____ Home Tel _____

Work Tel _____

Other Tel _____

Signature of Parent/Guardian _____ Date _____

Copies must be provided to the principal and to the school nurse.

—adapted from the Ohio Association of School Nurses