

ASTHMA ACTION PLAN

A. Student Information

Name of Student: _____ ID# _____

Counselor: _____ P.E. Teacher: _____

B. Emergency Information

Mother's/Guardian Info

Name: _____

Home #: _____

Work #: _____

Cell/Pager #: _____

Father's/Guardian Info

Name: _____

Home #: _____

Work #: _____

Cell/Pager #: _____

Additional Emergency Contacts:

1. Name: _____ Phone #: _____

2. Name: _____ Phone #: _____

C. Asthma Management Steps

Identify triggers: _____

Prior to Exercise:

1. Use inhaler if necessary
2. Follow P.E. modifications per physician's orders

Early Warning Signs: coughing, wheezing, shortness of breath, chest tightness.

Mild to Moderate Asthma Episode:

1. Use inhaler
2. Notify or refer student to school nurse
3. Refer to **steps for managing an acute asthma episode** per physician's orders on back of this sheet.

Severe Asthma Attack:

- * blue or gray discoloration of lips or fingernails
- * difficulty breathing, walking, or talking
- * failure of medication to reduce worsening symptoms

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

1. Notify school nurse
2. School Nurse to call **911** if necessary
3. Notify parent/guardian

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D. This Section is to be completed by Physician:

Physician's name: _____

Telephone #: _____

Severity of asthma: Mild _____ Moderate _____ Severe _____

All Current Medications

Name	Dosage	Time(s)
1. _____		
2. _____		
3. _____		
4. _____		

Physical Education Modifications (if necessary)

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

Steps for Managing an Acute Asthma Episode

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

Physician's Signature: _____

Date: _____

In case of an emergency, permission is:
_____ granted to transport student to Northwest Community Hospital

Parent's/Guardian's Signature _____

Date: _____