



STUDENT ASTHMA ACTION PLAN

Name: _____ Grade: _____ Age: _____

Homeroom Teacher _____ Room: _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Emergency Phone Contact #1 _____

Name Relationship Phone

Emergency Phone Contact #2 _____

Name Relationship Phone

Physician _____

Name Phone

EMERGENCY PLAN

Emergency action is necessary when the student has symptom such as, _____, _____, _____ or has a peak flow reading of _____.

Steps to take during asthma attack:

1. Check peak flow.
2. Give medications as listed below. Student should respond to treatment in 15-20 minutes
3. Contact parent/guardian if _____.
4. Re-check peak flow.
5. **Seek emergency medical care if the student has any of the following:**

Coughs constantly

No improvement 15-20 minutes after initial treatment with medication and a relative cannot be reached.

Peak flow of _____

Hard time breathing with:

Chest and neck pulled in with breathing

Stooped body posture

Struggling or gasping

Trouble walking or talking

6WRSV SOD\LQJ DQG FDQ¶W VWDUW DFWLYLW\ DJDL

Lips or fingernails are grey or blue.

Emergency Asthma Medications

Name

Daily Asthma Management Plan

Identify the things which start an asthma episode. Check each that applies to the student.

Exercise

Strong odors or fumes

Respiratory infections

Chalk dust/ dust