

ASTHMA ACTION PLAN

Student Name: _____ Birth Date: _____ Grade: _____

Parent Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Triggers:

- | | | | |
|---|--|---------------------------------------|----------------------------------|
| <input type="checkbox"/> exercise | <input type="checkbox"/> strong odors or fumes | <input type="checkbox"/> animals | <input type="checkbox"/> pollens |
| <input type="checkbox"/> respiratory infections | <input type="checkbox"/> chalk dust | <input type="checkbox"/> food | <input type="checkbox"/> mold |
| <input type="checkbox"/> change in temperature | <input type="checkbox"/> carpets in the room | <input type="checkbox"/> other: _____ | |

The following are possible signs of an asthma episode:

- ✓ persistent cough
- ✓ wheezing
- ✓ report of chest tightness
- ✓ child is hunched over
- ✓ difficulty breathing, walking or talking
- ✓ blue or gray discoloration of the lips or fingernails
- ✓ failure of medication to reduce worsening symptoms
- ✓ stops playing and can't start activity again
- ✓ chest or neck muscles pull in with breathing

Steps for an Acute Asthma episode:

1. Sent to office with someone
2. Administer medication as ordered by physician
3. Encourage belly breathing and relaxation techniques
4. If no improvement in 5-10 minutes, call parents and 911

Medication to Be Given At School

Name of Medication	Dosage	Time

All Current Medications

Name of Medication	Dosage	Time

Parent Signature: _____ Date: _____

Prepared By: _____ Date: _____

OFFICE USE ONLY:

Homeroom Teacher: _____ Physical Education Days/Times: _____