School Asthma Action Plan

Student Name_____ Grade_____Date of Birth_____

1. Triggers that might start an asthma episode for this student:

□ Exercise □ Animal Dander □ Cigarette smoke, strong odors □ Respiratory Infections
□ Pollens □ Temperature Changes □ Foods_____ □ Emotions (e.g. when upset)
□ Molds □ Irritants (e.g. chalk dust) □ Other_____

2. Control of the School Environment:
____ Environmental measures to control triggers at school_____
____ Pre-Medications (prior to exercise, choir, band, etc.)_____
____ Dietary Restrictions_____

3. Peak Flow Monitoring

____ Monitor Peak Flow: Personal Best Peak Flow_____ Monitoring Times_____
____ Do Not Monitor Peak Flow

4. Routine Asthma, Allergy, and Anaphylaxis Medication Schedule

Medication Name	Dose/Frequency	When to Administer	
		At Home	At School

5. Field Trips: Asthma Medications and supplies must accompany student on all field trips. Staff member must be instructed on correct use of the asthma medications and bring a copy of the Asthma Action Plan and Contact Phone Numbers.

(1) Parent to Contact _____Phone Number(s) _____
(2) Other Person to Contact in Emergency _____Phone Number(s)_____

Parent Consent for Management of Asthma at School

I, the parent or guardian of the above named student, request that this School Asthma Action Plan be used to guide asthma care for my child. I agree to:

1. Provide necessary supplies and equipment.
2. Notify the school nurse of any changes in the student's health status.
3. Notify the school nurse and complete new consent for changes in orders from the student's health care provider.
4. Authorize the school Nurse to communicate with the primary care provider/specialist about asthma/allergy as needed.
5. School staff interacting directly with my child may be informed about his/her special needs while at school.

►Parent/Legal Guardian Signature_____ Date _____

RN Review: _____ SIS:_____
☐ Notifications: teacher bus driver office
☐ Notes on reverse side

School Asthma Quick Relief & Emergency Plan

****Immediate action is required when the student exhibits any of the following signs of respiratory distress.** Always treat symptoms even if a peak flow meter is not available. If peak flow meter or electronic flow meter is available, check for airflow obstruction (FEV1 preferred or peak flow if FEV1 is not available) prior to giving quick relief medicine and every 20 minutes to assess need for additional doses.

□Severe cough	□Shortness of Breath	□Sucking in of the chest wall	□Difficulty walking from breathing
□Chest tightness	□Turning blue	□Shallow, rapid breathing	□Difficulty talking from breathing
□Wheezing	□Rapid, labored breathing	□Blueness of fingernails & lips	□Decreased or loss of consciousness

Steps to Take During an Asthma Episode:

1. Give Emergency Asthma Medications As Listed Below:

Quick Relief Medications	Dose/Frequency	When to Administer
1.		
2.		

2. Contact Parents if_____

3. Call 911 to activate EMS if the student has ANY of the following:

- Lips or fingernails are blue or gray
- Student is too short of breath to walk, talk, or eat normally
- Chest and neck pulling in with breathing
- Child is hunching over
- Child is struggling to breathe

OR

- The quick-relief medicine is not helping (breathing should improve within 15 minutes after quick-relief medicine is given)

Note: For a severe, life-threatening asthma episode, activate EMS. The Guidelines for the Diagnosis and Treatment of Asthma- Expert Panel Report 3 (2007) recommend a short-acting beta-agonist (i.e. Albuterol), 2-6 puffs with a spacer/spacer with mask. If the child is not receiving emergency care in 20 minutes, guidelines recommend repeating this dose.

►Parent/Legal Guardian Signature_____ Date _____

RN Review: _____ SIS:_____
☐Notifications: teacher bus driver office
☐ Notes on reverse side