

# PCDS Asthma Action Plan

Student's Name _____	DOB _____	Teacher _____	<i>ID Photo</i>
Parent/Guardian Name _____	Ph (H) _____		
Address _____	Ph (C) _____		
Parent/Guardian Name _____	Ph (H) _____		
Address _____	Ph (C) _____		
Emergency Contact #1 _____			
Name	Relationship	Home Phone	Cell Phone
Emergency Contact #2 _____			
Name	Relationship	Home Phone	Cell Phone
Physician Treating Student for Asthma _____			
Name	Phone		
Other Physician _____			
Name	Phone		

## **To Be Completed By Treating Physician**

**Identify the things which start an asthma episode (check each that applies to the student).**

- |   |  |                                  |
|---|--|----------------------------------|
| <input type="checkbox"/> Exercise               | <input type="checkbox"/> Smoke                 | <input type="checkbox"/> Pollens |
| <input type="checkbox"/> Respiratory infections | <input type="checkbox"/> Strong odors or fumes | <input type="checkbox"/> Molds   |
| <input type="checkbox"/> Change in temperature  | <input type="checkbox"/> Chalk dust / dust     | <input type="checkbox"/> Stress  |
| <input type="checkbox"/> Animals                | <input type="checkbox"/> Carpets in the room   | <input type="checkbox"/> Food    |
| <input type="checkbox"/> Other _____            |  |                                  |

### **Instructions for Mild / Moderate Asthma Event**

***Signs of a mild / moderate asthma event:***

- **Breathing:** coughing, shortness of breath, breathing through mouth
- **Verbal Complaints:** chest tightness, chest hurts, hard to breath, headache, dry mouth
- **Facial Expression:** pale, sweating, red
- **Mood:** anything that is different from child's usual behavior
- **Other:** \_\_\_\_\_

***Treatment for mild / moderate asthma:***

1. Reassure student, have student relax, whistle breath or purse lips to encourage diaphragmatic breathing.
2. Have student sip room temperature water.
3. Check SpO2, have student use their peak flow meter if ordered by physician.
4. Give prescribed rescue medication (oral or inhaled) as per physician's instructions.
 

Medication _____	Dosage _____	Route _____	Frequency _____
Medication _____	Dosage _____	Route _____	Frequency _____
5. Return student to class if/when symptoms resolve.
6. If symptoms do not improve within 10-15 minutes of prescribed treatment, **CALL 911** and then parent(s).
7. Other \_\_\_\_\_  
\_\_\_\_\_

Student's Name \_\_\_\_\_

**Instructions for Severe Asthma Event**

**Signs of a Severe Asthma Event (Call 911 for one or more signs below):**

- Can't speak, cry, or utter more than 2-3 words at a time
- Pale discoloration or blueness around mouth
- Movement, sucking in of, chest, neck, or rib muscles, body is hunched over
- Medication does not reduce or improve symptoms within 10-15 minutes
- Other \_\_\_\_\_

**Treatment for Severe Asthma:**

1. CALL 911
2. Administer prescribed rescue inhaler / medications
 

Medication _____	Dosage _____	Route _____	Frequency _____
Medication _____	Dosage _____	Route _____	Frequency _____
3. Other (as prescribed by physician)
   
\_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_

**Comments / Special Instructions**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Inhaled Medications:**

- I have instructed \_\_\_\_\_ in the proper way to use his/her inhaled medications. It is my professional opinion that \_\_\_\_\_ should be allowed to carry and use that medication by him/herself.
- It is my professional opinion that \_\_\_\_\_ should not carry his/her inhaled medication by him/herself.

Physician Signature	Date
Parent/Guardian Signature	Date

**Once treatment has been initiated and parents notified, it is the expectation that they or their designated emergency contact will sign the child out of the PCDS Health Center in a timely manner. Further evaluation by the primary care provider or Emergency Department is advised.**

Student's Name \_\_\_\_\_

<p><b>Green Zone</b></p> <ul style="list-style-type: none"> <li>• Peak flow reading _____</li> <li>• Breathing is good</li> <li>• No coughing</li> <li>• No wheezing</li> <li>• Able to participate in normal activities</li> </ul>	<p>Use Control or Maintenance Medication(s) everyday.</p> <table border="0"> <thead> <tr> <th></th> <th><u>Medication</u></th> <th><u>Dosage</u></th> <th><u>Frequency (when to use)</u></th> </tr> </thead> <tbody> <tr> <td>1.</td> <td colspan="3">_____</td> </tr> <tr> <td>2.</td> <td colspan="3">_____</td> </tr> <tr> <td>3.</td> <td colspan="3">_____</td> </tr> </tbody> </table>		<u>Medication</u>	<u>Dosage</u>	<u>Frequency (when to use)</u>	1.	_____			2.	_____			3.	_____		
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2.	_____																
3.	_____																
<p><b>Yellow Zone</b></p> <ul style="list-style-type: none"> <li>• Peak flow between _____ and _____</li> <li>• Flare-up with coughing, chest tightness, wheezes</li> </ul>	<p>Take quick-relief or rescue medications when you have a flare-up.</p> <table border="0"> <thead> <tr> <th></th> <th><u>Medication</u></th> <th><u>Dosage</u></th> <th><u>Frequency (when to use)</u></th> </tr> </thead> <tbody> <tr> <td>1.</td> <td colspan="3">_____</td> </tr> <tr> <td>2.</td> <td colspan="3">_____</td> </tr> <tr> <td>3.</td> <td colspan="3">_____</td> </tr> </tbody> </table> <p>If sending student to the Health Center for treatment, always send them with a buddy and never by themselves.</p>		<u>Medication</u>	<u>Dosage</u>	<u>Frequency (when to use)</u>	1.	_____			2.	_____			3.	_____		
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<p><b>Red Zone</b></p> <ul style="list-style-type: none"> <li>• Peak flow reading _____</li> <li>• Severe flare-up</li> <li>• Cannot speak</li> <li>• Using stomach, neck, and chest muscles to breath</li> <li>• Hunched over/panic</li> <li>• Medications did not improve symptoms</li> <li>• Lip discoloration is pale or blue</li> </ul>	<p><b>Get help (911) now!</b></p> <table border="0"> <thead> <tr> <th></th> <th><u>Medication</u></th> <th><u>Dosage</u></th> <th><u>Frequency (when to use)</u></th> </tr> </thead> <tbody> <tr> <td>1.</td> <td colspan="3">_____</td> </tr> <tr> <td>2.</td> <td colspan="3">_____</td> </tr> <tr> <td>3.</td> <td colspan="3">_____</td> </tr> </tbody> </table> <p>Do not send student alone to Health Center or other location to receive treatment. Severe flare-ups can result in sudden loss of consciousness and possible death.</p>		<u>Medication</u>	<u>Dosage</u>	<u>Frequency (when to use)</u>	1.	_____			2.	_____			3.	_____		
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