



## Asthma Action Plan

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Asthma Triggers: \_\_\_\_\_ Peak Flow: \_\_\_\_\_

### Asthma Emergency Action:

The following are possible signs of an asthma emergency:

- Difficulty breathing, walking, or talking
- Blue or gray discoloration of the lips or fingernails
- Failure of medication to reduce worsening symptoms

These signs indicate the need for emergency care:

- Call 911
- Call parent/guardian or physician

Current Medications: (list name of medication and dosage)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Medications to Be Given at School:

1. \_\_\_\_\_
2. \_\_\_\_\_

Directions for Administering Medication at School:

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

Student may carry/self-administer asthma inhaler.

Parent Signature: \_\_\_\_\_ Physician Signature: \_\_\_\_\_