

Grade for 2018/19 \_\_\_\_\_

Name \_\_\_\_\_

**FREDERICA ACADEMY  
ASTHMA ACTION PLAN**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

HISTORY OF:  ASTHMA  REACTIVE AIRWAY DISEASE  OTHER \_\_\_\_\_

USUAL SYMPTOMS:  WHEEZING  TIGHTNESS IN CHEST  COUGHING  
 DIFFICULTY BREATHING  OTHER \_\_\_\_\_

TRIGGERS:  EXERCISE  ANIMALS  MOLDS/MILDEW  TEMPERATURE CHANGES  CHALK  
 CARPETS  POLLENS  RESPIRATORY INFECTIONS  FOODS: \_\_\_\_\_  
 STRONG ODORS OR FUMES  
(ROOM DEODORIZERS/PERFUMES/FRAGRANCE)  OTHER: \_\_\_\_\_

DAILY CONTROL MEDICATIONS: \_\_\_\_\_

**TREATMENT: PHYSICIAN: PLEASE CHECK APPROPRIATE BOXES AND SIGN BELOW.**

Student **IS** to carry rescue inhaler.  
(Note: Backup inhaler must be provided for Nurse's Office.)

Student is **NOT** to carry rescue inhaler.  
(Inhaler is to remain in Nurse's Office.)

**If Student complains of above symptoms give the following rescue medicine without delay:**

1) Give \_\_\_\_\_ Puffs of:  \_\_\_\_\_ INHALER  
 OTHER \_\_\_\_\_

2) If minimum or no relief after 20 minutes, may repeat the above medicine every 15-20 minutes 2 more times.

3) Notify parent when the first dose of medicine is not effective.

4) If no improvement after the 3 doses of the rescue inhaler, call 911.

5) Call 911 if these symptoms are present: struggling to breath, hard time breathing with neck pulled in while breathing, hunched over to breath, trouble walking/talking, lips/fingernails blue/gray, disoriented, confused, or loses consciousness.

OTHER PHYSICIAN INSTRUCTIONS: \_\_\_\_\_

PRINT PHYSICIAN'S NAME: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*PLEASE NOTE: All inhalers are placed in a zip lock bag with a copy of this form in the nurse office for quick retrieval in case of emergency. Emergency medicines are sent on field trips and kept in first aid kit carried by teacher.*

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_