

Individualized Asthma Health Care Plan

What is Asthma?

Asthma is a disease in which the air passages or bronchial tubes in the lungs become inflamed, swollen, or narrowed. The muscles around the airways tighten and block the airflow. There may also be extra mucus produced by the airways that causes more narrowing.

Asthma Triggers

Triggers can activate an asthma attack. The student has the following triggers:

- Activities (running, Jumping, or climbing stairs). Please list: _____
- Allergies (Environmental, mold, ragweed, pollen). Please list: _____
- Animals (feathered, furry, or specific dander). Please list: _____
- Medication Reactions. Please list: _____
- Dust (chalk dust, sawdust, or stirred up dust). Please list: _____
- Foods (milk, eggs, nuts, or chocolate). Please list: _____
- Odors (perfumes, flowers, paint, or fresh cut grass). Please list: _____
- Weather (cold air, humidity, hot air, or wind). Please list: _____

Signs and Symptoms of Asthma Attacks

- coughing
- wheezing
- chest tightness
- shortness of breath

What to Do for an Asthma Attack:

- 1.) Ask the student if he/she needs to use the inhaler, check his/her peak flow, or do a nebulizer treatment.
- 2.) **Have a staff member escort the student to the office or call the office** and have the peak flow, inhaler, or nebulizer brought to the location of the student.
- 3.) Assist the student in administering the correct dosage of the inhaler by reading the Physician's order on the box. (Help with peak flows or nebulizers too as ordered).
- 4.) Encourage the student to relax and have him/her to breathe slowly with lips close together. (Called pursed lip breathing).
- 5.) Offer sips of water to help thin excess mucus.

Call 911 if:

- 1.) **The student's lips or nail beds turn blue**
- 2.) **The student can not walk, talk, or breathe**
- 3.) **The inhaler or nebulizer does not reduce the student's asthma symptoms within 15-20 minutes**

Student's Name: _____ **Grade:** _____ **D.O.B:** _____

Medications the Student Takes for Asthma:

Oral medications. Please list: _____

Inhalers. Please list: _____

Nasal sprays. Please list: _____

Other medications or treatments. Please list: _____

Parent Suggestions for Asthma Management: