

**Fayetteville City School System  
Asthma Action Plan/Individual Health Plan**

School: \_\_\_\_\_ Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone# \_\_\_\_\_

Doctor's Name and Phone Number: \_\_\_\_\_

**Asthma Medications**

Name	Amount	When to use
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Steps during an asthma episode:**

*Student complains of:*

1. *Tightness in chest*
2. *Shortness of breath*
3. *Coughing for prolonged periods*
4. *Audible wheeze or unusual sounds*
5. *Anxious appearance*

1. Give medication as listed above.
2. Wait 15 – 20 minutes.
  - a. If improvement, send back to class
  - b. If **no** improvement repeat with medication and assess in 15 – 20 minutes.
  - c. If improved, send back to class

**IF STILL NO IMPROVEMENT CALL PARENT  
CALL 911 IF STUDENT SHOWS SIGNS OF:**

1. Inability to speak in full sentences without taking a breath or only able to whisper.
2. Bluish discoloration of lips, nails, mucous membranes around eyes/gums
3. Coughing that causes choking, a bluish color to lips, or persistent vomiting
4. Decreased level of consciousness
5. Difficulty in breathing:
  - i. Chest and neck are pulled in
  - ii. Child is hunched over

**Daily Asthma Management Plan**

- Identify the things which start an asthma episode (check all that apply).

_____ Exercise	_____ Strong odors or fumes	_____ Food
_____ Respiratory infections	_____ Chalk dust/dust	_____ Other:
_____ Change in temperature	_____ Pollens	
_____ Animals	_____ Molds	

**Peak Flow Monitoring**

Peak Flow Meter Used: \_\_\_\_\_ Yes \_\_\_\_\_ No

Personal Best Peak Flow Number: \_\_\_\_\_

Monitoring times: \_\_\_\_\_

**Comments or special instructions:**

*Goal: To remain episode free and participate in daily activities.*

\_\_\_\_\_  
Parent/Guardian Signature                      Date

Date Reviewed with Parent/Guardian

Date/Nurse Signature	Date/Nurse Signature	Date/Nurse Signature	Date/Nurse Signature	Date/Nurse Signature