

# Kansas Asthma Action Plan

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

THE ABOVE STUDENT IS DIAGNOSED WITH ASTHMA. THIS FORM WILL ASSIST IN THE MANAGEMENT OF HIS/HER ASTHMA.  
PLEASE PLACE THIS FORM IN THE STUDENT'S MEDICAL FILE

Parent/Guardian Name: \_\_\_\_\_ Number where can be reached: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Student's Primary Care Provider: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Daily Medication Plan

<p>This is the student's daily medicine plan:</p> <ul style="list-style-type: none"> <li>The student has no asthma symptoms.</li> <li>The student can do usual activities.</li> <li>The student can sleep without symptoms.</li> </ul>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black; width: 50%;">Medicine/Dose</th> <th style="text-align: center; border-bottom: 1px solid black; width: 50%;">When to Give it</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> <input type="checkbox"/> Albuterol/Xopenex inhaler 2 sprays    OR                                <input type="checkbox"/> Albuterol/Xopenex solution 1 dosage                         </td> <td style="padding: 5px;">                             Every 4-6 hours <b>as needed</b> for wheezing/cough                         </td> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> _____  <input type="checkbox"/> _____                         </td> <td style="padding: 5px;">                             _____                              _____                         </td> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> Albuterol/Xopenex inhaler 2 sprays    OR                            </td> <td style="padding: 5px;">                             nebulizer treatment 15-20 minutes before exercise, <b>only if needed</b> </td> </tr> </tbody> </table>	Medicine/Dose	When to Give it	<input type="checkbox"/> Albuterol/Xopenex inhaler 2 sprays    OR <input type="checkbox"/> Albuterol/Xopenex solution 1 dosage	Every 4-6 hours <b>as needed</b> for wheezing/cough	<input type="checkbox"/> _____ <input type="checkbox"/> _____	_____ _____	<input type="checkbox"/> Albuterol/Xopenex inhaler 2 sprays    OR	nebulizer treatment 15-20 minutes before exercise, <b>only if needed</b>
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## Asthma Emergency Plan-What to do for increased asthma symptoms

<p>Do this <b>first</b> when asthma symptoms occur:</p>	<p>Have the student take Albuterol inhaler 2 sprays OR one nebulizer treatment every 20 minutes up to 3 times. This is a <b>test dose</b> to see if the student's asthma improves with Albuterol.</p>	<p><b>Trigger List:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Chalk Dust</li> <li><input type="checkbox"/> Cigarette Smoke</li> <li><input type="checkbox"/> Colds/Flu</li> <li><input type="checkbox"/> Dust or dust mites</li> <li><input type="checkbox"/> Stuffed animals</li> <li><input type="checkbox"/> Carpet</li> <li><input type="checkbox"/> Exercise</li> <li><input type="checkbox"/> Mold</li> <li><input type="checkbox"/> Ozone alert days</li> <li><input type="checkbox"/> Pests</li> <li><input type="checkbox"/> Pets</li> <li><input type="checkbox"/> Plants, flowers, cut grass, pollen</li> <li><input type="checkbox"/> Strong odors, perfume, cleaning products</li> <li><input type="checkbox"/> Sudden temperature change</li> <li><input type="checkbox"/> Wood smoke</li> <li><input type="checkbox"/> Foods: _____</li> <li><input type="checkbox"/> Other: _____</li> </ul>
<b>What to do Next:</b>	<b>When to Do it:</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Have the student return to the classroom.</li> <li><input type="checkbox"/> Notify parents of students need for a quick relief medicine.</li> </ul>	<p style="text-align: center;"><b>Good Response to Test Dose of Albuterol</b></p> <ul style="list-style-type: none"> <li>The student's symptoms improve after 1-2 treatments.</li> <li>The student no longer has symptoms (wheezing, coughing, shortness of breath, chest tightness.)</li> <li>Student may continue Albuterol/Xopenex every 4 hours for 24-48 hours.</li> </ul>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Contact the parent or guardian.</li> <li><input type="checkbox"/> Contact the PCP for step-up medicine.</li> <li><input type="checkbox"/> _____</li> </ul>	<p style="text-align: center;"><b>Incomplete Response to Test Dose of Albuterol</b></p> <ul style="list-style-type: none"> <li>The student is experiencing mild to moderate symptoms (wheezing, coughing shortness of breath, chest tightness) after taking 3 treatments.</li> <li>The student cannot do normal school activities.</li> </ul>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Seek emergency medical care in most locations, call 911.</li> <li><input type="checkbox"/> Call the PCP _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> NOTE: Wheezing may be absent because air cannot move out of the airways.</li> </ul>	<p style="text-align: center;"><b>Poor Response to Test Dose of Albuterol</b></p> <ul style="list-style-type: none"> <li>The student does not feel better 20-30 minutes after taking the Albuterol.</li> <li>The student has severe symptoms (coughing; extreme shortness of breath; skin reactions between the ribs <b>or</b> at the neck).</li> <li>The student has trouble walking or talking.</li> <li>The student's lips or fingernails are blue.</li> <li>The student is struggling to breathe.</li> </ul>	

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physician

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Lawrence Public Schools USD 497  
Health Services

**SELF-ADMINISTRATION PLAN FOR MEDICATION - CONFIDENTIAL**

Name of student \_\_\_\_\_ Date of birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Medication \_\_\_\_\_ Dosage/frequency \_\_\_\_\_

Reason \_\_\_\_\_

Common side effects \_\_\_\_\_

**RELEASE OF INFORMATION  
(REQUIRED FOR MEDICATION TO BE TAKEN AT SCHOOL)**

I hereby authorize the mutual release and disclosure of information regarding: \_\_\_ medication and/or  
\_\_\_ medical records (optional) between \_\_\_\_\_ and USD 497  
Health Care Provider

I understand that the information disclosed will be treated in a confidential manner.

**The following signatures are also required to complete this form:**

Parent \_\_\_\_\_ Date \_\_\_\_\_

Health Care Provider \_\_\_\_\_ Date \_\_\_\_\_  
(Required for elementary students only)

Student \_\_\_\_\_ Date \_\_\_\_\_  
(Sign after instruction has been given by the school nurse)

School Nurse \_\_\_\_\_ Date \_\_\_\_\_

**PARENT INFORMATION**

The signatures on this document verify that this student has been instructed in and understands the purpose for the medication and its appropriate method of administration, and has demonstrated proper and responsible self-administration. The medication shall be packaged in the original container and supply a single day's needs (except inhalers). **A duplicate inhaler kept in the school health office as a backup is strongly recommended for students with asthma or any emergency medication. Controlled substances may not be self-administered.** School personnel do not provide documentation or supervision of self-administered medication, and shall not be held liable for any injury resulting from self-administration of medication or if the student distributes his/her medication to another student.

**STUDENT INSTRUCTIONS**

- Keep emergency medication with you at all times (inhalers, epi-pens, etc)
- Keep non-emergency medication with you at all times **or** locked in your locker
- **NEVER** let anyone use your medication (even if you know they use the same one)
- The pharmacy label must be attached to prescriptions; nonprescription medication must be kept in its original package
- Follow manufacturer/physician instructions for administration

**Failure to comply with these expectations may result in the immediate loss of self-medication privileges.**