



Academy of Accelerated Learning, Inc.

Asthma Action Plan

Transportation
 Car Rider Walker
 Bus # _____
 Other: _____

Student has permission to transport medication listed below to and from school?
 YES NO

Place
Child's
Picture
Here

Patient's Name		DOB	Grade	Effective Date: / / to / /	
Check Asthma	Mild Intermittent	Mild Persistent	Moderate Persistent	Severe Persistent	

Trigger List: (check all that apply)

<input type="checkbox"/>	Chalk Dust	<input type="checkbox"/>	Cigarette Smoke	<input type="checkbox"/>	Colds/Flu	<input type="checkbox"/>	Wood Smoke
<input type="checkbox"/>	Dust/Dust Mites	<input type="checkbox"/>	Stuffed Animals	<input type="checkbox"/>	Carpet	<input type="checkbox"/>	Strong Odors
<input type="checkbox"/>	Exercise	<input type="checkbox"/>	Mold	<input type="checkbox"/>	Ozone Alert Days	<input type="checkbox"/>	Cleaning Products
<input type="checkbox"/>	Pests	<input type="checkbox"/>	Pets	<input type="checkbox"/>	Plants, Flowers, Cut Grass & Pollen	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Sudden Temperature Changes	<input type="checkbox"/>	Perfume	<input type="checkbox"/>	Foods:	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

AAL staff will **administer medication(s)** as prescribed, **call 911 for severe symptoms that do not improve with medication, and notify parents** of action plan initiation.

GOOD CONTROL	→	Use these medications every day.																
You have all of these: <ul style="list-style-type: none"> Breathing is good No cough or wheeze. Sleep through the night. Can work and play. 		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Medication/Dosage</th> <th style="width: 20%;">How Much to Take</th> <th style="width: 20%;">When to take it</th> <th style="width: 30%;">How Often</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Medication/Dosage	How Much to Take	When to take it	How Often												
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		Comments: For exercise, take:																

CAUTION	→	Continue with daily medicine and ADD:																
You have any of these: <ul style="list-style-type: none"> First sign of a cold Exposure to a known trigger Cough Mild wheeze Tight chest Cough at night Can do some but not all usual activities. Peak flow 50-80%. 		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Medication/Dosage</th> <th style="width: 20%;">How Much to Take</th> <th style="width: 20%;">When to take it</th> <th style="width: 30%;">How Often</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Medication/Dosage	How Much to Take	When to take it	How Often												
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		Comments: If Quick Reliever/Yellow Zone medicines are used more than 2 to 3 times per week, CALL your Doctor																

DANGER ZONE	→	Take these medicines and call your doctor.																
Your asthma is getting worse fast: <ul style="list-style-type: none"> Medicine is not helping within 15-20 minutes Breathing is hard and fast Nose opens wide Ribs show Lips blue Fingernails blue or gray Trouble walking or talking Coughs constantly Stiff/stooped posture Peak Flow below 50% 		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Medication/Dosage</th> <th style="width: 20%;">How Much to Take</th> <th style="width: 20%;">When to take it</th> <th style="width: 30%;">How Often</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Medication/Dosage	How Much to Take	When to take it	How Often												
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		Comments: <div style="text-align: center; border: 1px solid black; padding: 5px;"> DO NOT WAIT! GET HELP FROM A DOCTOR NOW! If you cannot contact your doctor, go directly to the emergency room. </div>																

I agree with the recommendations of my child's HCP and authorize AAL staff to deliver treatment as outlined above. I also give permission for my child's HCP to communicate with appropriate AAL employees for the current school year.

Physician Signature:	Printed Name:	Phone:	Date:
Parent Signature:	Printed Name:	Phone:	Date:

ADDENDUM to Action Plan

NURSE USE ONLY:

- Transportation Notified: Date Faxed _____
- Bus Driver Notified
- Added to Medical Alerts
- Self-Carry
- Diet Modification: Date Faxed _____
- RTI 504 ARD Committee Notified: Date _____

In addition: A full IHP needed for a 504 or an ARD

	Field Trips	Student will be grouped with a trained staff member.
	Before or After School Activities (i.e. Safety Patrol, Clubs, Sports)	Nurse and Parent will discuss a plan for their child.
	Emergency Evacuation of School	Nurse will bring medication/supplies out of building and will attend to student as needed.

◇ TRAINED STAFF MEMBERS ◇

(To be completed by campus personnel)

Teacher's Name:	Date:
Teacher's Name:	Date:
Administrator's Name:	Date:
Office Staff's Name:	Date:
Cafeteria Staff's Name:	Date:
Bus Driver's Name:	Date:
Other Name:	Date:
Other Name:	Date:
Other Name:	Date:

OTHER COMMENTS:

Nurse Signature: _____

Date: _____