



Emergency Asthma Action Plan

Student Name: _____ DOB: _____ Grade: _____

Asthma Severity: INTERMITTENT MILD PERSISTENT MODERATE PERSISTENT SEVERE PERSISTENT

Triggers to asthma episodes: (exercise, dust, pollen, etc.): _____

EMERGENCY CONTACTS

Parent/Guardian: _____ Daytime Phone: _____

Parent/Guardian: _____ Daytime Phone: _____

Physician: _____ Phone: _____

EMERGENCY MANAGEMENT OF AN ACUTE ASTHMA EPISODE

Emergency action is necessary if student has symptoms such as: excessive coughing, wheezing, chest tightening, gasping, trouble talking and/or shortness of breath.

Steps to take during an asthma episode:

Speak calmly and reassuringly.

If available, administer prescribed medication by inhaler or nebulizer per physician order below.

If quick relief inhaler is not available and student is able, he/she is to be escorted to nurse's office. (If student is unable to travel to nurse's office, radio/call for the nurse (or parent if after school hours) to bring medication).

Remain with student providing reassurance after medication is given. Encourage slow, deep breathing.

Student should respond to treatment within 15-20 minutes.

If medication is ineffective and/or student shows signs of distress, struggling to breathe (bent over/panicked), has blue color to lips/fingernails, becomes unconscious, or stops breathing call 911 and start CPR.

Notify parent/guardian.

Other: _____

MEDICATION AUTHORIZATION

(To be filled out AND signed by physician)

Medication Name _____ Start Date: _____ End Date: _____

Medication Dose _____ Route _____ Time or Frequency given at school _____

Special Instructions for dosing of medication _____

Diagnosis/Reason for medication _____

Physician Name (Please print) _____ Physician Phone Number _____

Physician Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

SELF ADMINISTERED INHALER

(To be filled out AND signed by physician)

I have instructed student, _____, in the proper way to use his/her prescribed inhaler.

It is in my professional opinion that he/she be allowed to carry prescribed inhaler and self-administer as directed for asthma. It is advised that student have second prescribed inhaler available in nurse's office.

It is in my professional opinion that student SHOULD NOT be allowed to carry prescribed inhaler and self-administer. It is advised that prescribed inhaler be stored and readily available in nurse's office.

Physician Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____