Savannah-Chatham County Public School System

# ASTHMA ACTION PLAN

**IMPORTANT-This form must be signed by a physician and returned to the nurse for any student requiring asthma medication management. Additionally, physician authorization is required on this form as well as on a self-administration form for any student wishing to self-administer medication.**

Name: _____Grade: ___ Age: ___ School: _____

Parent/Guardian Name: _____Phone:(W): _____(C): _____

Address: _____Phone(H): _____

Emergency Contact: _____ Relationship: _____Phone: _____

Primary Care Physician: _____Phone#: _____

**Important! Things that make your child's asthma worse (Triggers):** ☐ smoke ☐pets ☐mold ☐dust ☐trees ☐grass ☐weeds ☐pollen ☐colds/viruses☐exercise☐seasons: _____☐other: _____

Severity Classification: ☐Severe Persistent ☐Moderate Persistent ☐Mild Persistent ☐Intermittent.

## PHYSICIAN PORTION

**DAILY MEDS: Use these medicines every day to prevent symptoms.**

| **You have *all* of these:** | **Daily Medicine** | **Amount** |
|---|---|---|
| • Breathing is good | _____ | _____ |
| • No cough or wheeze | _____ | _____ |
| • Can work and play | _____ | _____ |

**PRE-EXERCISE MEDS:**

**Yes** **No**

| | **Pre-Exercise Meds** | **Amount** |
|---|---|---|
| | _____ | _____ |
| | _____ | _____ |

**RESCUE MEDICINE - Slow Down! Continue with Daily Medicine and Add:**

| **You have any of these:** | **Rescue Medicine** | **Amount** |
|---|---|---|
| • Wheeze | _____ | _____ |
| Cough | _____ | _____ |
| • Tight chest | _____ | _____ |
| • Shortness of breath | | |

**EMERGENCY MEDICINE - Asthma is getting worse fast: Give Emergency Medicines, get help immediately, contact parent or emergency contact.**

| **You have these:** | **Emergency Meds** | **Amount** |
|---|---|---|
| • Medicine is not helping within 15-20 minutes | _____ | _____ |
| • Breathing is hard and fast | _____ | _____ |
| Chest or neck pulled in with breaths | | |
| • Lips/fingertips gray or blue | | |
| Trouble walking or talking | | |

**Physician Signature:** _____ Date: _____

**Parent/Guardian Signature:** _____ Date: _____