Cleveland Heights-University Heights City Schools
Department of Student Services / School Health Services

# ASTHMA ACTION PLAN

Student: _____ D.O.B. _____ ID# _____
School: _____ Grade: _____ Homeroom: _____ PE _____

**SYMPTOMS may include:**
- ☐ Tightness in chest
- ☐ Shortness of breath
- ☐ Coughing
- ☐ Wheezing
- ☐ Breathing hard and fast
- ☐ Nasal flaring
- ☐ Other _____

**TRIGGERS may include**:
- ☐ Dust, molds, pollens
- ☐ Food allergies
- ☐ Animals
- ☐ Temperature changes
- ☐ Dust mites
- ☐ Strong odors, fumes, or perfumes
- ☐ Exercise
- ☐ Upper respiratory infections
- ☐ Other _____

**At the FIRST SIGNS of these symptoms, DO:**
1. Have the student ESCORTED to the nurse's office if the symptoms occur at school.
2. Restrict physical activity and allow the student to rest.
3. Encourage the student to breathe slowly and relax.
4. Assist student to measure Peak Flow if physician's orders direct doing so.
5. Supervise administration of medication per physician's orders (separate physician order form MUST be on file in the nurse's office every year).
6. If no improvement occurs in 15-20 minutes, contact parent.
7. If relative/guardian cannot be located and asthma is not improving, call 911.
8. Other _____

**To REDUCE incidents:**
1. Eliminate irritants and avoid triggers in the environment.
2. Be alert to EARLY signs of respiratory distress.
3. Other _____

**List ALL current medications:**

| Given at **SCHOOL** (if any) | | |
|---|---|---|
| Medication | Dose | Time |
| | | |
| | | |
| | | |
| | | |

| Given at **HOME** (if any) | | |
|---|---|---|
| Medication | Dose | Time |
| | | |
| | | |
| | | |
| | | |

**EMERGENCY PHONE NUMBERS:**
Parent/Guardian name: _____ Day #(s) _____
Other: _____ Day #(s) _____

Permission is given for the nurse to contact the following health care provider in the event emergency contacts cannot be reached or for urgent health care information:

Physician's name: _____ Office # _____

Parent signature _____ Date _____

Student's signature _____ Date _____

School Nurse _____ Date _____