

School Asthma Action Plan

Student Name		DOB	
Parent/Guardian's Name		Grade	
Phone number:		Alternate phone #	

PERSONAL ASTHMA TRIGGERS:

- ☐ pollen
- ☐ mold
- ☐ dust/dust mites
- ☐ smoke
- ☐ fumes
- ☐ cold air
- ☐ humidity
- ☐ respiratory infection
- ☐ animal/animal dander (type):
- ☐ food (type):
- ☐ exercise (type):
- ☐ medication (type):

USUAL ASTHMA SYMPTOM (check all that applies):

- ☐ wheezing
- ☐ coughing
- ☐ difficulty breathing
- ☐ shortness of breath
- ☐ Other:

PHYSICAL ED/ RECESS:

- ☐ Full participation at all times, no asthma restriction
- ☐ Full participation unless symptoms present or develops
- ☐ Participation with the following modifications:
 - ☐ allow student to self pace
 - ☐ peak flow must be above _____
 - ☐ warm up exercises
 - ☐ built in rest periods,as needed
 - ☐ short duration aerobic activities, as tolerated
 - ☐ indoor alternative if outside temp is below _____ degrees
 - ☐ Other _____

PREVENTION: LIST ANY ENVIRONMENTAL CONTROL MEASURES, DIETARY RESTRICTIONS, OR OTHER FACTORS NEEDED TO PREVENT AN ASTHMA EPISODE:

STEPS TO TAKE DURING AN ASTHMA EPISODE

Zone	Symptoms	Action List	Follow-up
GREEN ZONE	Child feels good. No wheezing, no cough, no difficulty breathing.	NO ACTION NEEDED	
YELLOW ZONE	Child's breathing feels tight, have mild wheezing or cough. Child's peak flow is at: _____	Give PRN/RESCUE medication as follows: Medication/Route: Amount (Indicate if repetition needed): Side Effects:	Have student return to class if symptoms resolve within _____ minutes. Contact parent regarding episode.
RED ZONE	Symptoms persist, child have difficulty breathing, actively wheezing, peak flow is _____ or less	DO AS FOLLOWS (specify):	IF CHILD HAS ANY OF THE FOLLOWING DANGER SIGNS, CALL 911: • chest sucking in during breathing • nostrils wide open • very difficulty breathing • trouble talking or walking • lips or fingernails blue or purple

☐ This child may carry own rescue medication on his/her body, and may administer medication in the presence of an adult. He/ She has been trained to administer own medication by his/her physician and parent/guardian.

☐ This child's medical condition does not require medication to be available while in school(MD, please initial if it's the case).

PARENT INSTRUCTIONS (PLEASE CHECK ALL THAT APPLY):

☐ If school is unable to reach parent in an emergency, permission is granted to contact physician listed or arrange to transport to the emergency room.

☐ This student must carry an inhaler at all times, because of the severity of asthma, and is deemed responsible with the use of the inhaler. Ideally, a back-up inhaler will be kept with the nurse. The student will see the nurse if the medication is not effective and agrees to check in periodically with the nurse for monitoring.

☐ This student has been instructed in the proper use of his/her medication. He/She understands how to manage asthma and can do so in school, under direct supervision of the nurse.

☐ This student needs assistance from the nurse in administering his/her medication, and will require assistance in regulating his/her activity and monitoring peak flow levels.

☐ I/we agree to release this information to the following staff members as appropriate, with the exception that confidentiality will be respected at all times:

- | | | |
|--|---|--|
| ☐ Health staff | ☐ Teachers | ☐ School Administrators |
| ☐ PE Teacher(s) | ☐ Substitute teacher | ☐ Special-ed teacher |
| ☐ Recess/ lunchroom staff | ☐ Bus personnel | |

Parent Signature

Date