

ASTHMA ACTION PLAN

Name of Student: _____ I.D.# _____ Date of Birth ____/____/____
(month/day/year)

EMERGENCY INFORMATION

Parent(s) /Guardian(s): _____	
Telephone #: Home: _____	Work: _____ Cell: _____ Pager: _____
Physician's Name: _____ Phone #: _____	
Emergency Contact (If unable to reach parent(s) /Guardian	
NAME	PHONE
1. _____	_____
2. _____	_____

- How severe is your child's asthma? (MILD) 0 1 2 3 4 5 6 7 8 9 10 (SEVERE)
- Does he/she tend to have asthma episodes with upper respiratory infections? YES NO
- Do you feel your child understands his or her asthma and uses prescribed medication appropriately? YES NO
- How many times has your child been treated in the emergency room for asthma in the past year?

- How often does your child see his/her doctor for routine asthma evaluations? _____
- List allergies/triggers: _____
- What is your child's peak flow range:
 GREEN ZONE _____ to _____ YELLOW ZONE _____ to _____ RED ZONE _____ to _____
(100% to 80%) (79% to 50%) (<50%)

MEDICATION TAKEN AT HOME

Medication	Dose	Frequency (Daily or As Needed)	Reason for Taking

- Asthma treatment is necessary when your child has symptoms of: _____, or peak flow of _____.

IF AN ASTHMA EPISODE OCCURS:

- Give medication as indicated below; treatment should be effective within 15 – 20 minutes.
- Contact parent/guardian if _____
- If your child's condition worsens, 911 will be called and parent/guardian will be immediately notified.

MEDICATION TO BE GIVEN AT SCHOOL

<u>Medication</u>	<u>Dose/How Often</u>	<u>When to Use</u> (before gym, for wheeze, cough, etc.)

Parent/Guardian Signature _____ Date _____

Dear Parent/Guardian:

Please fill out the asthma action plan (on back) and required medication form if applicable and return them to the nurse's office. Should your child need to carry a prescribed inhaler, it is a requirement to have a medication authorization form on file in the nurse's office. We will share this information with the appropriate personnel such as your child's classroom teacher(s) and physical education teacher. This information will help them work with your child to minimize unnecessary restrictions, feelings of being treated differently, and possible absenteeism.

To further help your child, please let us know of changes in your child's asthma or medication schedules throughout the school year.

Sincerely,

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