

# Asthma Action Plan

Student's Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Teacher \_\_\_\_\_

Asthma  Exercise induced  Environmentally/Allergy triggered



## STEP 1: TREATMENT

Symptoms	Give Checked Medication (To be determined by physician authorizing treatment)	
	Inhaler	Nebulizer
Wheezing or coughing	<input type="checkbox"/>	<input type="checkbox"/>
Child's chest or neck is pulling in while struggling to breathe	<input type="checkbox"/>	<input type="checkbox"/>
Child has trouble walking or talking	<input type="checkbox"/>	<input type="checkbox"/>
Child stops playing and can not start again	<input type="checkbox"/>	<input type="checkbox"/>
Child's fingernail and/or lips turn blue or gray	<input type="checkbox"/>	<input type="checkbox"/>
Skin between child's ribs sucks in when breathing	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>The severity of symptoms can quickly change. Asthma is different for every person. The "Asthma Emergency Signs" above represent general emergency situations as per the National Asthma Education and Prevention Program 1997 Expert Panel Report.</b></p>		

### DOSAGE

Inhaler: Give: \_\_\_\_\_  
(Medication/dose/route)

Nebulizer: Give: \_\_\_\_\_  
(Medication/dose/route)

Oral Medication: Give: \_\_\_\_\_  
(Medication/dose/route)

## STEP 2: TREATMENT

- If child's symptoms do not improve after taking medicine (15-20 minutes for most asthma medications). Call 911 (or Rescue Squad: (\_\_\_\_) \_\_\_\_\_).
- Dr. \_\_\_\_\_ at \_\_\_\_\_

3. Emergency Contacts:

Name/Relationship	Phone Numbers	
A	1	2
B	1	2
C	1	2

**Even if parent/guardian cannot be reached, do not hesitate to medicate or take child to medical facility!**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctors Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required)

- cc: Office  
CA60 File  
Transportation  
Food & Nutrition Department  
SACC  
Sponsors/Athletics  
Teachers