

STUDENT ASTHMA ACTION PLAN

THE ABOVE STUDENT IS DIAGNOSED WITH ASTHMA. THIS FORM WILL ASSIST IN THE MANAGEMENT OF HIS/HER ASTHMA AND SHOULD BE KEPT IN THE STUDENTS MEDICAL FILE AND TAKEN ON ALL FIELD TRIPS ALONG WITH THE STUDENTS MEDICATION.

STUDENT NAME: _____		D.O.B.: _____		GRADE: _____	
STREET: _____		CITY: _____		ZIP: _____	
SEVERITY: ___ INTERMITTENT ___ MILD PERSISTENT ___ MODERATE PERSISTENT ___ SEVERE PERSISTENT					
Primary Contact			Secondary Contact		
Parent/Guardian Name: _____			Name: _____		
Phone #: Cell: _____			Relation: _____		
Home: _____			Phone #: Cell: _____		
Work: _____			Home: _____		
			Work: _____		

DAILY MEDICATION PLAN

<p>This is the student's daily medicine plan:</p> <ul style="list-style-type: none"> • The student has no asthma symptoms • The student can do usual activities. • The student can sleep without symptoms 	Medicine/Dose		When to give medication	
	<input type="checkbox"/>	Albuterol Inhaler 2 sprays-self carry	<input type="checkbox"/>	Every 4-6 hours for wheezing/cough
	<input type="checkbox"/>	Xopenex Inhaler 2 sprays-self carry	<input type="checkbox"/>	Every 4-6 hours for wheezing/cough
	<input type="checkbox"/>	Albuterol Solution/per nebulizer-1 dose	<input type="checkbox"/>	Every 4-6 hours for wheezing/cough
	<input type="checkbox"/>	Xopenex Solution/per nebulizer-1 dose	<input type="checkbox"/>	Every 4-6 hours for wheezing/cough
	<input type="checkbox"/>	Check this box if treatment is needed 15-20 minutes before exercise.	<input type="checkbox"/>	Check this box if the desired medication can be repeated if no relief within 15-20 minutes.
	<input type="checkbox"/>	Other: Please specify-	<input type="checkbox"/>	Other: Please specify-
STUDENT TRIGGERS (IF KNOWN)				
___ SMOKE ___ AIR POLLUTION ___ COLDS ___ DUST ___ FOOD ___ EXERCISE ___ ANIMALS ___ WEATHER-COLD/HOT ___ STRESS/ANXIETY ___ OTHER-PLEASE LIST _____				
Side effects to be reported to parent/physician: _____				
Special Instructions: _____				
Treating Physician: _____ Phone Number: _____				

ASTHMA EMERGENCY PLAN-WHAT TO DO FOR INCREASED ASTHMA SYMPTOMS

Do this FIRST when asthma symptoms occur:		Have the student sit and stop current activity and use medication listed above via inhalation immediately and then notify the school nurse.
What to do Next:		When to Do It:
Have student return/stay in classroom.		<p>Good Response to Initial Dose of Albuterol</p> <ul style="list-style-type: none"> • The student's symptoms improve after 1-2 treatments. A response should be noted within 15-20 minutes. • The student no longer has symptoms (wheezing, coughing, shortness of breath, chest tightness). • The student may continue Albuterol/Xopenex every 4 hours for 24-48 hours
Notify the school nurse if not done so already.		
Notify parents of student's need for quick relief medicine (to be done by the school nurse unless you are on a field trip).		
Contact the parent or guardian.		<p>Incomplete Response to Initial Dose of Albuterol</p> <ul style="list-style-type: none"> • The student is experiencing mild to moderate symptoms (wheezing, coughing, shortness of breath, chest tightness) after taking up to two (2) treatments. • The student cannot do normal school activities.
Parent to contact treating physician for step-up medicine.		
Other: _____		
Seek Emergency Medical Care (call 911)		<p>Poor Response to Medication</p> <ul style="list-style-type: none"> • The student does not feel better 20-30 minutes after taking medication. • The student has severe symptoms (coughing, extreme shortness of breath, skin retracts between the ribs or at the neck) • The student has trouble walking or talking. • The student's lips or fingernails are blue. • The student is struggling to breathe. • The student becomes lethargic.
Contact the parent or guardian		
Other: _____ _____		
NOTE: Wheezing may be absent because air cannot move out of the airways.		

AGREEMENT:

- I am requesting permission for my child named above to receive medication in accordance with this action plan. I will assume responsibility for safe delivery of the medication/drug to school. The medication but be brought to school in the container in which it was dispensed by the prescriber or licensed pharmacist.
- I will notify the school immediately if there is any change in the use of the medication or prescribed treatment. A revised action plan will need to be on file signed by the prescriber.
- I release and agree to hold the Board of Education, it's officials, and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization

SIGNATURES: Represent agreement with the above information and action plan

PARENT/GUARDIAN: _____ **DATE:** _____

LICENSED PRESCRIBER: _____ **DATE:** _____

SCHOOL NURSE: _____ **DATE:** _____

4/4/14