

# Asthma Care Plan

**Student Name:** \_\_\_\_\_

**Grade/Team:** \_\_\_\_\_

**My child has:**

- Asthma
- Exercise induced asthma
- Reactive airway disease
- Other: \_\_\_\_\_

Asthma triggers: \_\_\_\_\_

Daily asthma medications: \_\_\_\_\_

### **Treatment For Asthma Attack:**

(Please check all that are applicable and fill in as needed)

**1. Rescue treatment**

- Albuterol inhaler 2 puffs
- Albuterol nebulizer, 1 vial
- Other: \_\_\_\_\_

**2. If he/she does not respond to rescue inhaler after \_\_\_\_\_ minutes, then:**

- Call 911
- Call parents
  - Mom name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_
  - Dad name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_
  - Other authorized emergency contact: \_\_\_\_\_

**Other instructions:** \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse use only  
Team/Teachers Notified: \_\_\_\_\_  
Inhaler expiration if kept in office \_\_\_\_\_