

ASTHMA EMERGENCY ACTION PLAN

Name of School _____ School Year _____ (Effective through Summer School)

NAME _____ GRADE _____
PARENT: _____ PHONE (H) _____ (W) _____ (Cell) _____
_____ PHONE (H) _____ (W) _____ (Cell) _____
PHYSICIAN: _____ PHONE _____

Last asthma attack that required hospitalization, urgent care visit, or oral corticosteroids. (Date) _____
Last date my child used asthma medications (not including daily inhaler) to treat an asthma problem: _____
[] Has not had hospitalization, urgent care visit, or corticosteroids in the last year.
My child will carry their inhaler at school instead of keeping it in the nurse's office: Yes No
Note** (An asthma self-administration packet must be completed with physician signature to carry inhaler.)

DAILY MEDICATION PLAN:

Table with 3 columns: Medication, Dosage, Time. Rows 1 and 2 for medication details.

Medications to be given at school (please include dosage and time): _____
(Note: A medication authorization form must be completed by a parent/guardian for administration at school.)

THESE TRIGGERS HAVE CAUSED MY CHILD TO HAVE AN ASTHMA EPISODE

- Respiratory infections, Pollens, Food, Allergies, Other(s): (please list)
Change in temperature, Exercise, Animals, Mold
Cold air, Chalk dust, Dust, Strong odors

MY CHILD HAS THESE SIGNS AND SYMPTOMS WITH AN ASTHMA EPISODE

- Coughing, Wheezing, Difficulty breathing
Skin of neck/chest pulled in, Feeling of tightness, Other
Or my child complains of _____

AN EMERGENCY FOR MY CHILD IS WHEN HE/SHE HAS THE FOLLOWING SIGNS OR SYMPTOMS

- 1. Peak Flow < _____
2. _____

PEAK FLOW MONITORING: Some children use Peak Flow monitors to measure asthma.

If your child has a peak flow, the last date my child checked his/her peak flow: _____ It was _____
Best peak flow (Student must provide meter.)
Green Zone (80-100% of best peak flow) - Able to go back to class
Yellow Zone (50-80% of best peak flow) - Rest, repeat peak flow, follow steps below as prescribed.
Red Zone (< 50% of best peak flow) - Send home if no significant improvement.

STEPS TO TAKE DURING AN ASTHMA EPISODE

- 1. Give rescue medication as prescribed: _____
2. Have student return to class if symptoms improve, and/or peak flow returns to normal, or near normal, or in the green zone.
3. Contact parent if symptoms do not improve and/or peak flow has not returned to green zone and has remained in yellow or red zones. If warranted, the nurse may send the student home.
4. CALL 911 if student:
a. Has no improvement in moderate to severe asthma symptoms 15-20 minutes after giving medication and parent/guardian cannot be reached and/or Peak flow is below _____ in yellow or red zone.
b. Breathing is difficult with these symptoms: CHEST AND NECK PULLS IN WITH BREATHING. CHILD IS STRUGGLING TO BREATHE
c. Lip color changes to blue or white.
d. Nail beds are grey or blue.
e. Child has trouble walking or talking due to asthma.

PARENT SIGNATURE (required) _____ Date _____

PHYSICIAN SIGNATURE (required) _____ Date _____