

SCHOOL ASTHMA ACTION PLAN

Immediate action is required when the student exhibits ANY of the following signs of respiratory distress. Always treat symptoms even if a peak flow meter or electronic flow meter is not available. If a peak flow meter or electronic flow meter is available, check for airflow obstruction (FEV1 preferred or peak flow if FEV1 is not available) prior to giving quick relief medicine and every 20 minutes to assess need for additional doses.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Severe cough | <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Sucking in of the chest wall | <input type="checkbox"/> Difficulty breathing when walking |
| <input type="checkbox"/> Chest tightness | <input type="checkbox"/> Turning blue | <input type="checkbox"/> Shallow, rapid breathing | <input type="checkbox"/> Difficulty breathing while talking |
| <input type="checkbox"/> Wheezing | <input type="checkbox"/> Rapid, labored breathing | <input type="checkbox"/> Blueness of fingernails & lips | <input type="checkbox"/> Decreased or loss of consciousness |

Steps to Take During an Asthma Episode:

1. Give Emergency Asthma Medications As Listed Below:

Quick Relief Medications	Dose/Frequency	When to Administer

2. Contact Parents if _____

3. Call 911 to activate EMS if the student has ANY of the following:

- Lips or fingernails are blue or gray
- Student is too short of breath to walk, talk, or eat normally
- Chest and neck pulling in with breathing
- Child is hunching over
- Child is struggling to breathe

OR

- The quick-relief medicine is not helping (breathing should improve within 15 minutes after quick-relief medicine is given)

Note: For a severe, life-threatening asthma episode, activate EMS. The Guidelines for the Diagnosis and Treatment of Asthma – Expert Panel Report 3 (2007) recommend a short-acting beta-agonist (i.e. Albuterol), 2-6 puffs with a spacer/spacer with mask. If the child is not receiving emergency care in 20 minutes, guidelines recommend repeating this dose.

Parent/Legal Guardian Signature _____ Date _____

Reviewed by School Nurse _____ Date _____

Telephone Contact

Date _____
Person _____

Additional Examples of Asthma Action Plans

1. <http://www.rampasthma.org/info-resources/asthma-action-plans/>
2. http://www.nhlbi.nih.gov/health/public/lung/asthma/asthma_actplan.htm