



# BRECKSVILLE-BROADVIEW HTS. CITY SCHOOL DISTRICT

*"where fine education is a heritage"*

## Asthma Action Plan

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Phone Contact #1 \_\_\_\_\_

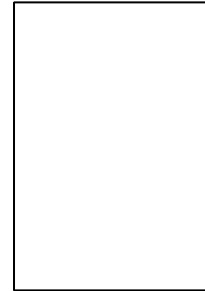
Name Relationship Phone

Emergency Phone Contact #2 \_\_\_\_\_

Name Relationship Phone

Physician Treating Student for Asthma \_\_\_\_\_ Ph \_\_\_\_\_

Other Physician \_\_\_\_\_ Ph \_\_\_\_\_



### Emergency Plan

Emergency action is necessary when the student has symptoms such as \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ or has a peak flow reading of \_\_\_\_\_.

• **Steps to take during an asthma episode:**

\_\_\_ Check peak flow.

\_\_\_ Give medications as listed below. Student should respond to treatment in 15-20 minutes.

\_\_\_ Contact parent/guardian if \_\_\_\_\_

\_\_\_ Re-check peak flow.

▪ **Seek emergency medical care if the student has any of the following:**

\_\_\_ Coughs constantly

\_\_\_ No improvement 15-20 minutes after initial treatment with medication and a relative cannot be reached

\_\_\_ Peak flow of \_\_\_\_\_

\_\_\_ Hard time breathing with:

○ Chest and neck pulled in with breathing

○ Stooped body posture

○ Struggling or gasping

\_\_\_ Trouble walking or talking

\_\_\_ Stops playing and can't start activity again

\_\_\_ Lips or fingernails are grey or blue

• **Emergency Asthma Medications**

Name Amount When to Use

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

See reverse side for more instructions

## Asthma Action Plan (Continued)

### DAILY ASTHMA MANAGEMENT PLAN

- Identify the things that trigger an asthma episode (Check each that applies to the student.)

Exercise                       Strong odors or fumes                       Animals  
 Food                               Molds     Pollens  
 Respiratory infections                       Chalk dust/dust                               Carpets in the room  
 Change in temperature                       Emotions     Allergies  
Others \_\_\_\_\_

- Describe the symptoms your child experiences before or during an asthma episode

cough     tightness in chest     rubbing chin/neck     wheezing     breathing hard/fast  
 shortness of breath                       tired/weak                       other \_\_\_\_\_

- Control of School environment

(List any environmental control measures, pre-medication, and/or dietary restrictions that the student needs to prevent an asthma episode.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Peak Flow Monitoring

Personal Best Peak Flow number: \_\_\_\_\_

Monitoring Times: \_\_\_\_\_

- Daily Medication Plan

	Name	Amount	When to Use
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

### COMMENTS / SPECIAL INSTRUCTIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FOR INHALED MEDICATIONS

I have instructed \_\_\_\_\_ in the proper way to use his/her medications. It is my professional opinion that \_\_\_\_\_ should be allowed to carry and use that medication by him/herself.

It is my professional opinion that \_\_\_\_\_ should not carry his/her inhaled medication by him/herself.

\_\_\_\_\_  
Physician Signature    Date

\_\_\_\_\_  
Parent Signature    Date

\_\_\_\_\_  
Nurse Signature    Date