

School Asthma Action Plan

Student Name: _____ **DOB** _____ **Date form completed** _____
School _____ **Teacher:** _____

For exercise: Albuterol MDI (Ventolin or Proventil) 2-4 puffs with spacer 15-30 minutes before exercise

➤ Immediate action is required when the above named student exhibits any of the following signs of an asthma attack:

Repetitive Cough Shortness of Breath Chest tightness Wheezing Retractions

Steps to take during an asthma flair:

1. Give emergency asthma medications as listed below:

	Quick Relief Medications	Dose	Frequency
<input type="checkbox"/>	Albuterol MDI = Ventolin or Proventil	2-4 puffs with spacer	every 2-4 hours prn for cough
<input type="checkbox"/>	Albuterol Neb		
<input type="checkbox"/>	Xopenex Neb		
<input type="checkbox"/>	Maxair MDI	2-4 puffs with spacer	every 2-4 hours prn for cough

2. Reassess in 10 - 15 minutes and reclassify the child according to the following parameters:

	Cough	Respiratory Rate	Accessory muscle use or retractions	Work of breathing or shortness of breath
Normal	• None to occasional	Normal Rate		• None
		2-4 y/o	< 32	
		5-6 y/o	< 28	
		7-14 y/o	< 25	
		>15 y/o	< 22	
Asthma symptoms continue	• very frequent to constant	> normal for age		• Present
				• Speaks in short sentences, or only in words

3. If the child is:

- Normal --- the child may return to the classroom
- Continues with asthma symptoms -- continue with the medication listed in number 1 above every 15-30 minutes until EMS arrives

4. Activate EMS (call 911) IF the student has ANY of the following symptoms:

- Lips or fingernails are blue or gray
- The student is too short of breath to walk, talk, or eat normally
- The student gets no relief within 10-15 minutes of quick relief medicines OR the child has any of the following signs:
 - Persistent chest and neck pulling in with breathing
 - Child is hunching over
 - Child is struggling to breathe
 - Childs asthma symptoms continue as outlined in the table above

I certify that this child has a medical history of asthma and has been trained in the use of the listed medication, and is judged by me to be:

_____ capable of carrying and self-administering the listed medication(s),

_____ NOT capable of carrying and self-administering the listed medication(s).

The child should notify the school staff if one dose of the asthma medication fails to relieve asthma symptoms for at least 3 hours.

Healthcare Provider Name	Healthcare Provider Signature
Healthcare Provider Address	Healthcare Provider Ph #

Reviewed by School Nurse: _____

Date: _____

Parent Consent For Management Of Asthma At School

Student Name: _____ **DOB** _____ **Date form completed** _____
School _____ **Teacher:** _____

I, _____, the parent or guardian, of the above named student, request this **School Asthma Action Plan** be used to guide asthma care for my child while at school.

I agree to:

1. Provide the necessary supplies and equipment for my child's care;
2. Notify the school nurse of any changes in the student's health status;
3. Notify the school nurse and complete new consent for changes in orders from the student's primary care provider.
4. Authorize the school nurse to communicate with my child's primary care provider/specialist as needed.
5. To provide a separate MDI/spacer and a separate EpiPen® if clinically appropriate to be used on field trips.

I agree that medications that have been prescribed for my child's use may be administered by a school nurse or authorized staff member if:

1. the medication has been appropriately labeled by a pharmacist under the direction of a licensed health care provider;
2. I as the parent or legal guardian have granted permission below for the specific medication(s) to be administered at school.

Equipment (excluding medications) that I have provided for use by my child includes:

Spacer Peak Flow Meter Nebulizer

Medications that I have provided: _____

ALLERGIES - List known allergies to medications, foods, or air-borne substances:

Signature of parent or legal guardian _____ **Date** _____

Parent/Guardian	Hm/cell/wk Ph #	Hm/cell/wk Ph #
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Address

Parent/Guardian	Hm/cell/wk Ph #	Hm/cell/wk Ph #
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Address

Emergency Contact (relationship)	Hm/cell/wk Ph #	Hm/cell/wk Ph #
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Address
