



## SCHOOL ASTHMA ACTION PLAN

(To be completed at the beginning of each school year and kept on file with the school nurse)

Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Teachers' Name: \_\_\_\_\_ School Year: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number (s): \_\_\_\_\_

Physician student sees for asthma: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### Daily Treatment Plan

Please list any medication taken daily to manage asthma including nebulizer treatments, with specific instructions.

Name	Purpose	Dosage	When to use
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

These medications are prescribed for the time \_\_\_\_\_ until \_\_\_\_\_

### Medical Equipment

Please list any medical equipment this student will need to treat his/her asthma at school.

(ie. spacer, nebulizer, oxygen, pulse oximeter etc.)

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## ***EMERGENCY PLAN***

**Emergency Action is necessary when this student has symptoms such as:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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

1. Give emergency medications:

A. Bronchodilator (quick - relief medication)

Name: \_\_\_\_\_

Purpose: \_\_\_\_\_

Dosage: \_\_\_\_\_ When to use: \_\_\_\_\_

Can be repeated for severe breathing difficulty \_\_\_\_\_ times \_\_\_\_\_ minutes apart

Oxygen saturation with pulse oximeter (if available): Norms expected for student \_\_\_\_\_ % to \_\_\_\_\_ %

### **Call 911 or EMS if minimal or no improvement**

B. Other medications:

Name: \_\_\_\_\_

Purpose: \_\_\_\_\_

Dosage: \_\_\_\_\_

When to use: \_\_\_\_\_

Additional instructions: \_\_\_\_\_

These medications are prescribed for the time period \_\_\_\_\_ until \_\_\_\_\_

2. Seek emergency care if this student experiences any of the following:

- No improvement 15-20 minutes after initial treatment with medication and a relative cannot be reached
- Oxygen saturation is at or below %.
- Student exhibits:
  - ❖ Chest and neck pulled in with breathing
  - ❖ Struggling to breathe
  - ❖ Stops playing and cannot start activity again
  - ❖ Hunched over while breathing
  - ❖ Trouble walking or talking Lips or fingernails turn gray or blue

Comments and special instructions: \_\_\_\_\_

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Physician's Signature (stamp not accepted)

Date

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Parent/Guardian's Signature

Date

Reference: CDC, <https://www.cdc.gov/asthma/actionplan.html>