



Phone: 704-237-5333 Fax: 704-237-5398

ASTHMA ACTION PLAN

This record is to be completed by parents/guardians in consultation with their physician. Please check the appropriate box and print your answers clearly in the blank spaces where indicated. The information on this Plan is confidential. All staff that care for your child will have access to this information. The school will only disclose this information to others with your consent. Please contact the school at any time if you need to update this Plan or you have any questions regarding the management of asthma at school. It is the responsibility of the parent/guardian to assure the Asthma Action Plan is in place for their child and the school is provided with the adequate medication.

Student's Name _____ D.O.B. _____

Grade _____ Academic Partner _____

P.E. Days/Times: _____

Allergies: _____

Student needs assistance with taking medication [] Yes [] No

Emergency Information

Physician Name _____ Phone # _____

Parent/Guardian Contacts (Necessary to be able to reach parent/guardian quickly in case of emergency):

Name/Relationship: _____ Phone Numbers: _____
a. _____ 1) _____ 2) _____ 3) _____
b. _____ 1) _____ 2) _____ 3) _____

Secondary Contacts:

Name/Relationship: _____ Phone Numbers: _____
a. _____ 1) _____ 2) _____ 3) _____
b. _____ 1) _____ 2) _____ 3) _____

Protocol for Acute Asthma Attack: Nurse Ext# 5333

1. Sit the student upright, remain calm, and reassure them. Do not leave the student alone.
2. Without delay, consult the Asthma Action Plan. Shake the student's inhaler and administer puffs per plan. To administer puffs, have student breathe out, place inhaler with or without spacer to mouth, and have student breathe in deeply while pressing inhaler. Give one puff at a time.
3. Allow student to rest, encouraging relaxation with slow deep breaths.

Protocol for Exercise-Induced Asthma (EIA)

If exercise is a trigger for this student, they should follow these steps to prepare for exercise:

- Take doctor recommended medication 5-15 minutes before warm up.
- Warm up appropriately before exercise or activity and always cool down following activity and be alert for asthma symptoms after exercise.

If a student gets EIA during exercise, they should:

- Stop the exercise or activity and refer to protocol for Acute Asthma Attack (below).
- If symptoms reoccur, recommence treatment. DO NOT RETURN TO THE ACTIVITY for the rest of the day and inform the parent/guardian of the incident.

Parent/Guardian Signature _____ Date _____

Physician's Signature (required) _____ Date _____