



# 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

**Other Medications:**

<input type="checkbox"/>			
--------------------------	--	--	--

- Steps to take during an asthma flair:**
1. Give emergency asthma medications as listed below:

	Quick Relief Medication	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

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
<b>Normal</b>	None to occasional	<b>Normal Rate</b> 2-4 y/o <32 5-6 y/o <28 7-14 y/o <25 >15 y/o <22	None	<ul style="list-style-type: none"> <li>Normal</li> <li>Easily speaks in sentences</li> </ul>
<b>Asthma symptoms continue</b>	Very frequent to constant	> normal for age	Present	Speaks in short sentences, or only in words

2. 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
3. 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
    - Child's 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.

<b>Healthcare Provider Name:</b>	<b>Healthcare Provider Signature:</b>
<b>Healthcare Provider Address:</b>	<b>Healthcare Provider Phone Number:</b>

Reviewed by School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_