

**SCHOOL ASTHMA ACTION PLAN**  
(Please print legibly)

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

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

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

Parent/Guardian: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work phone: \_\_\_\_\_

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

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

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

Other 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 prescribe for the time period \_\_\_\_\_ until \_\_\_\_\_

**Medical Equipment**

Please list any medical equipment this student will need to treat his/her asthma at school.  
(i.e. 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 of fingernails turn gray or blue

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

\_\_\_\_\_  
Physician's Signature (stamp not accepted) Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature Date \_\_\_\_\_