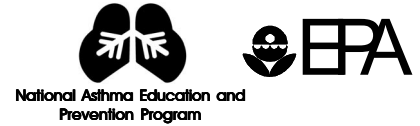
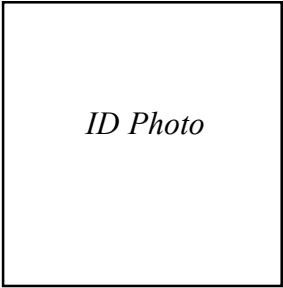




STUDENT ASTHMA ACTION CARD



Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_
Homeroom Teacher: \_\_\_\_\_ Room: \_\_\_\_\_
Parent/Guardian Name: \_\_\_\_\_ Ph: (h): \_\_\_\_\_
Address: \_\_\_\_\_ Ph: (w): \_\_\_\_\_
Parent/Guardian Name: \_\_\_\_\_ Ph: (h): \_\_\_\_\_
Address: \_\_\_\_\_ Ph: (w): \_\_\_\_\_



Emergency Phone Contact #1 Name Relationship Phone
Emergency Phone Contact #2 Name Relationship Phone
Physician Treating Student for Asthma: \_\_\_\_\_ Ph: \_\_\_\_\_
Other Physician: \_\_\_\_\_ Ph: \_\_\_\_\_

EMERGENCY PLAN

Emergency action is necessary when the student has symptoms such as \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ or has a peak flow reading of \_\_\_\_\_.

Steps to take during an asthma episode:

- 1. Check peak flow.
2. Give medications as listed below. Student should respond to treatment in 15-20 minutes.
3. Contact parent/guardian if \_\_\_\_\_
4. Re-check peak flow.
5. Seek emergency medical care if the student has any of the following:
- Coughs constantly
- No improvement 15-20 minutes after initial treatment with medication and a relative cannot be reached.
- Peak flow of \_\_\_\_\_
- Hard time breathing with: Chest and neck pulled in with breathing, Stooped body posture, Struggling or gasping
- Trouble walking or talking
- Stops playing and can't start activity again
- Lips or fingernails are grey or blue



IF THIS HAPPENS, GET EMERGENCY HELP NOW!

Emergency Asthma Medications

Table with 3 columns: Name, Amount, When to Use. Contains 4 numbered rows for medication entry.

# DAILY ASTHMA MANAGEMENT PLAN

## • Identify the things which start an asthma episode (Check each that applies to the student.)

- Exercise
- Respiratory infections
- Change in temperature
- Animals
- Food \_\_\_\_\_
- Strong odors or fumes
- Chalk dust / dust \_\_\_\_\_
- Carpets in the room
- Pollens
- Molds
- Other \_\_\_\_\_

Comments \_\_\_\_\_

## • Control of School Environment

(List any environmental control measures, pre-medications, and/or dietary restrictions that the student needs to prevent an asthma episode.) \_\_\_\_\_

## • Peak Flow Monitoring

Personal Best Peak Flow number: \_\_\_\_\_

Monitoring Times: \_\_\_\_\_

## • Daily Medication Plan

	Name	Amount	When to Use
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

## COMMENTS / SPECIAL INSTRUCTIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FOR INHALED MEDICATIONS

- I have instructed \_\_\_\_\_ in the proper way to use his/her medications. It is my professional opinion that \_\_\_\_\_ should be allowed to carry and use that medication by him/herself.
- It is my professional opinion that \_\_\_\_\_ should not carry his/her inhaled medication by him/herself.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date