

**USD #368 School Health Services**

**Asthma Action Care Plan**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ PH: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ PH: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Physician(s) \_\_\_\_\_ PH: \_\_\_\_\_

**What will cause an asthma episode? PLEASE CIRCLE:** exercise respiratory infections temperature changes animals chalk  
dust odors fumes carpets pollens mold  
foods: \_\_\_\_\_ Other \_\_\_\_\_

**What symptoms are experienced? PLEASE CIRCLE:** shortness of breath wheezing discoloration of face and/or nails  
mood changes dizziness headache cough confusion rapid heart rate rapid breathing  
Other \_\_\_\_\_

**What medications are taken DAILY?**

Name \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

Name \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

Name \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

Name \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

**What medications are taken DURING AN ASTHMA EPISODE?**

Name \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

Name \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

**GRADES 6-12 ONLY: Does your student carry their medication with them? Yes \_\_\_\_\_ No \_\_\_\_\_** If yes, have they been instructed in correct use of medication and are they allowed to carry and use their asthma medication as needed while attending classes / activities?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**What else is helpful for your student in relieving their asthma symptoms?** \_\_\_\_\_  
\_\_\_\_\_

**Does your student use a peak flow meter? YES \_\_\_\_\_ NO \_\_\_\_\_** If yes, what is the current best peak flow? \_\_\_\_\_

**OVER**

**If your student is having an asthma episode the following plan will be followed:**

1. Stop any activity the student is performing. Rest and calming can avert a major asthma attack.
2. Let student assume a comfortable position with head and chest elevated. Putting hands on top of head will relax the chest muscles to allow for greater lung expansion
3. **Allow student to use inhaler as directed. May only be administered if physician and parental consent is on file.**
4. Child should breathe (with continual coaching) IN his/her nose and OUT his/her mouth. This will relax airways and gives the child control over the situation, which tends to decrease stress.
5. **Call physician/parent/911 if: Student is breathing more than 45 breaths/minute, has abnormal color (pale, dusky or blue), seems less alert, or is unable to speak at least two words between breaths. Onset of cyanosis (turning blue) or exhaustion with decrease in rate of labored expiratory wheezing should be treated as a medical emergency with involvement of emergency medical services (911).**
6. If breathing does not improve in 10 minutes after using an inhaler or administration of other medications, call parents and advise physician's care. Depending upon severity, parents may need to be contacted sooner.
7. Let the student take sips of tepid water if tolerated. Do not force.
8. Keep student in the health office until there is relief of symptoms or other action is taken.
9. Notify parents if this episode is not typical for student and / or additional measures used to alleviate symptoms.
10. May call First Response Team if assistance is needed.

**Please indicate any other instructions you feel are needed:**

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**If your child needs medication or a procedure at school, contact the school nurse.**

**This information will be shared with appropriate school personnel.**

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

Nurse's signature: \_\_\_\_\_ Date \_\_\_\_\_