

Student Asthma Action Plan

The school will use the information provided on this form to develop an individual Asthma Action Plan for your student.

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AMERICAN RESPIRATORY ALLIANCE
of WESTERN PENNSYLVANIA

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A Program of the
American Respiratory Alliance
of Western Pennsylvania

DATE _____ SCHOOL _____

Male Female

STUDENT'S NAME _____ BIRTH DATE _____ GRADE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARENT / GUARDIAN _____ HOME PHONE _____ WORK PHONE _____

EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE _____

STUDENT'S PRIMARY DOCTOR _____ PHONE _____ DATE OF LAST VISIT _____

STUDENT'S ASTHMA DOCTOR _____ PHONE _____ DATE OF LAST VISIT _____

ASTHMA SEVERITY

Student's Asthma is: (See Reverse side for definitions)

Mild Intermittent Mild Persistent Moderate Persistent Severe Persistent

PAST YEAR ASTHMA HISTORY

Please check all ASTHMA related answers to show what happened in the past year.

School days missed: None 1-5 more than 5
 Emergency Room visits: None 1-3 more than 3
 Hospital admissions: None 1-3 more than 3
 Student uses Peak Flow meter: Yes No Doesn't have one
 Personal best reading: _____ Doesn't have one
 Student uses a spacer: Yes No Doesn't have one
 Student has inhaler at school: Yes No

TRIGGERS

What starts your student's asthma attack? (check all that apply)

Colds Animals Food Smoke Exercise Dust Weather
 Other _____

EARLY WARNING SIGNS

How does your student look, sound, act before an asthma attack? (check all that apply)

Wheezing Coughing Chest tightness Pain in chest Pain in back
 Shortness of breath Difficulty breathing Little energy for play
 Other _____

MEDICATIONS

Medicine	How much	Time Taken	Side Effects
AT HOME			
AT SCHOOL			
30 MINUTES BEFORE EXERCISE, USE THIS MEDICINE			

NOTE: Please notify School Nurse if student required medication before school due to asthma symptoms.

PLEASE REVIEW, SIGN, AND RETURN this form to the School Nurse.

- The information above is correct and should be used when managing my student's asthma at school.
- The School Nurse may share this Asthma Action Plan with all school personnel interacting with my student.
- The School Nurse may contact the family asthma doctor listed above to discuss this information.
- If the student is sent to the emergency department (ED), a follow-up report can be faxed to the School Nurse.
- I give permission to use the "Asthma Tool Kit," a back-up Albuterol inhaler at school (if available).

PARENT / GUARDIAN SIGNATURE _____

DATE _____

**FARE**

Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: [] Yes (higher risk for a severe reaction) [] No

PLACE
PICTURE
HERE**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.****Extremely reactive to the following foods:** _____

Describe signs and symptoms of reaction _____

[] If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

[] If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

**FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS****LUNG**Short of breath,
wheezing,
repetitive cough**HEART**Pale, blue,
faint, weak
pulse, dizzy**THROAT**Tight, hoarse,
trouble
breathing/
swallowing**MOUTH**Significant
swelling of the
tongue and/or lips**SKIN**Many hives over
body, widespread
redness**GUT**Repetitive
vomiting, severe
diarrhea**OTHER**Feeling
something bad is
about to happen,
anxiety, confusion**OR A
COMBINATION**
of symptoms
from different
body areas.

- 1. INJECT EPINEPHRINE IMMEDIATELY.**
- 2. Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS**NOSE**Itchy/runny
nose,
sneezing**MOUTH**

Itchy mouth

**SKIN**A few hives,
mild itch**GUT**Mild nausea/
discomfort**FOR MILD SYMPTOMS FROM MORE THAN ONE
SYSTEM AREA, GIVE EPINEPHRINE.****FOR MILD SYMPTOMS FROM A SINGLE SYSTEM
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand: _____

Epinephrine Dose: [] 0.15 mg IM [] 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____