

Barrow County School System

Asthma Student Health Action Plan

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_
School \_\_\_\_\_ School Year \_\_\_\_\_
Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Physician (for Asthma): \_\_\_\_\_ Phone: \_\_\_\_\_
Other Physician(s): \_\_\_\_\_ Phone: \_\_\_\_\_

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

Exercise Pollen Respiratory Infections Strong odors or fumes
Animals Molds Dust / Chalk dust Change in temperature
Food(s):
Other:

Frequency of Attacks: \_\_\_\_\_ \*\*

Daily Medications:

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_

\*\* Emergency Asthma Medications:

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_

Steps to take during an asthma episode:

- 1. Give medications as listed above. Student should respond to treatment in 15-20 minutes.
NOTE: The parent/guardian is responsible for providing medications to the school.
2. Tell student to try to relax, take slow deep breaths.
3. Contact parent/guardian if necessary. 4. Call 911 Emergency Line if necessary.

\*\* Seek emergency medical care if the student has any of the following:

- \* Coughs constantly
\* No improvement 15-20 minutes after initial treatment with medication & a relative cannot be reached.
\* Hard time breathing with:
~ Chest and neck pulled in with breathing ~ Struggling or gasping
~ Stooped body posture ~ Distended neck veins
\* Trouble walking or talking \* Lips or fingernails are gray or blue.
\* Stops playing and can't start activity again.

FOR INHALED MEDICATIONS (check appropriate statement below)

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 the medication by him/herself. It is my professional opinion that \_\_\_\_\_ should not carry his/her inhaled medication by him/herself

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

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

School Nurse / Clinic Worker \_\_\_\_\_ Date \_\_\_\_\_