Oregon Community School District #220
ASTHMA ACTION PLAN

Name: ______________________ SCHOOL: ______________________
DATE OF BIRTH: ______________________ GRADE/TEACHER: ______________________
Parent/Guardian: ______________________ Ph. (H) ______________________
Address: ______________________ Ph. (W) ______________________
Emergency Contact ______________________ Relationship ______________ Ph. ______________
Physician treating Asthma ______________________ Ph. ______________________
Other Physician: ______________________ Ph. ______________________

EMERGENCY PLAN

Emergency action is necessary when the student has symptoms such as: coughing, shortness of breath, & wheezing

Steps to take during an asthma episode:

1. Give medications as listed below. Student should respond to treatment in 15-20 minutes.
2. Contact parent/guardian if no improvement after medication is given or symptoms increase.
3. **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 parent/emergency contact 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 gray or blue

DAILY ASTHMA MANAGEMENT PLAN

Identify the things that 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: ______________________

Medications

Name	Amount	When Used
1.		
2.		
3.		

Comments / Special Instructions

____
____
____

Care Plan discussed with parent: ______________________ Date: ______________
School Nurse Signature: ______________________ Date: ______________

Updates/Changes:

K: ______________________
1: ______________________
2: ______________________
3: ______________________
4: ______________________
5: ______________________
6: ______________________
MidSch: ______________________
HiSch: ______________________