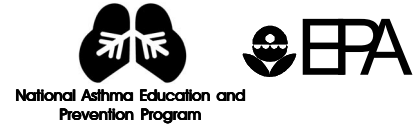
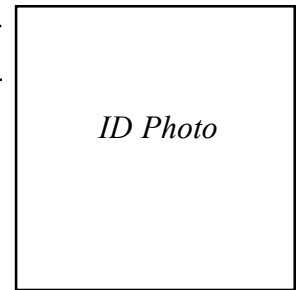




STUDENT ASTHMA ACTION CARD



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.)

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Exercise               | <input type="checkbox"/> Strong odors or fumes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Respiratory infections | <input type="checkbox"/> Chalk dust / dust     | _____                                |
| <input type="checkbox"/> Change in temperature  | <input type="checkbox"/> Carpets in the room   |                                      |
| <input type="checkbox"/> Animals                | <input type="checkbox"/> Pollens               |                                      |
| <input type="checkbox"/> Food _____             | <input type="checkbox"/> Molds                 |                                      |

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