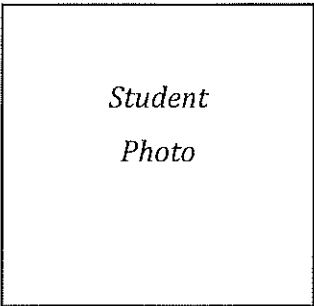




# ASTHMA ACTION PLAN



Student  
Photo

## Student Information:

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
School: \_\_\_\_\_ Grade/Rm. \_\_\_\_\_

## Emergency Contact Information:

| Name     | Relationship | Telephone number |
|----------|--------------|------------------|
| 1. _____ | _____        | _____            |
| 2. _____ | _____        | _____            |
| 3. _____ | _____        | _____            |

Healthcare Provider \_\_\_\_\_ Tel \_\_\_\_\_

## Asthma Emergency Action:

The following are possible signs of an asthma emergency:

- Difficulty breathing, walking, or talking
- Blue or gray discoloration of the lips or fingernails
- Failure of medication to reduce worsening symptoms.

These signs indicate the need for emergency medical care. The steps that should be taken:

- Activate the emergency medical system in your area. Call 911.
- Call Parent/Guardian and/or Healthcare Provider

Triggers: \_\_\_\_\_

| Name of Medication | Dosage | Time |
|--------------------|--------|------|
|                    |        |      |
|                    |        |      |

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

## Steps for an Acute Asthma Episode (to be completed by prescriber)

1. Administer Inhaler as ordered.
2. If no relief in \_\_\_\_\_ minutes, Repeat Inhaler as ordered.
3. Contact Parent/Emergency Contact
4. Call 911
5. Additional Instructions:

Please check if STUDENT is permitted by healthcare provider to CARRY an inhaler and SELF-MEDICATE at school. (See next page.) (In accordance with ORC 3313.716/3313.14)

Signature of Prescriber \_\_\_\_\_ Date \_\_\_\_\_

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

**\*\*\*\*\*SELF-MEDICATION FOR ASTHMA INHALERS\*\*\*\*\***  
(In accordance with ORC 3313.716/3313.14)

Adverse reactions that should be reported to physician:

- Chest pain.
- Rash, hives, or itching.
- Fast, pounding, or irregular heartbeat.
- Swelling of the face, throat, tongue, lips, eyes, hands, feet, ankles, or lower legs.
- Difficulty swallowing.
- Worsened breathing.
- Hoarseness.

Adverse reactions for unauthorized user:

- Racing heart beat
- Feeling very shaky

**In the event that medication does not produce the expected relief from student's asthma attack, follow the "Steps for an Acute Asthma Episode" (on first page)**

Other special instructions:

---

Copies must be provided to the principal and to the nurse.

*Reviewed by Dr. Carly Wilbur April 2019*

