

SCHOOL SELF-MANAGEMENT PLAN
(completed by health care provider)

STUDENT ASTHMA ACTION CARD

Student: _____ Grade: _____ Age: _____ DOB: _____

Teacher: _____ Room: _____

Parent/Guardian Name: _____ Phone (home): _____

Address: _____ Phone (work): _____

In case of emergency contact: 1. _____

Name Relationship Phone

2. _____

Name Relationship Phone

Physician Student Sees for Asthma: _____

Other Physician: _____

DAILY ASTHMA MANAGEMENT PLAN:

- Identify triggers which start the student's asthma episode (check each that applies to student)

- | | | |
|-------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> exercise | <input type="checkbox"/> respiratory infections | <input type="checkbox"/> pollens |
| <input type="checkbox"/> food | <input type="checkbox"/> change in temperature | <input type="checkbox"/> molds |
| <input type="checkbox"/> animals | <input type="checkbox"/> strong odors or fumes | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> chalk dust | <input type="checkbox"/> carpets in the room | _____ |

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 numbers: _____

Monitoring Times: _____

- Daily Medication Plan:**

MEDICATION	DOSAGE	TIME

SCHOOL SELF-MANAGEMENT PLAN (continued)

EMERGENCY PLAN

Emergency action is necessary when student has symptoms such as _____,
_____, _____ or has a peak flow reading of _____.

- **Steps to take during an asthma episode:**

1. Give medications as listed below.
2. Have student return to classroom if: _____
3. Contact parents if: _____

- 4. Seek emergency medical care if the student has any of the following:**

- ◆ No improvement 15-20 minutes after initial treatment
- ◆ Peak flow of _____
- ◆ Hard time breathing with
 - ⇒ chest and neck pulled in with breathing
 - ⇒ child is hunched over
 - ⇒ child is struggling to breathe
- ◆ Trouble walking or talking
- ◆ Stops playing and can't start activity again
- ◆ Lips or fingernails are gray or blue

- Emergency Asthma Medications:

NAME	AMOUNT	WHEN TO USE

- **COMMENTS/SPECIAL INSTRUCTIONS:**

Physician Signature Date

Parent Signature Date