

# BALDWINSVILLE CENTRAL SCHOOL DISTRICT

## ASTHMA STUDENT ACTION INFORMATION

### GENERAL INFORMATION

STUDENT  
PHOTO

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Teacher \_\_\_\_\_ Room \_\_\_\_\_ Grade \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

### EMERGENCY AND PHYSICIAN CONTACTS

Emergency Contact #1 \_\_\_\_\_  
Name Relationship Phone  
Emergency Contact #2 \_\_\_\_\_  
Name Relationship Phone  
Emergency Contact #3 \_\_\_\_\_  
Name Relationship Phone  
Physician for Asthma Treatment \_\_\_\_\_  
Name Phone  
Other Physician \_\_\_\_\_  
Name Phone

### DAILY ASTHMA MANAGEMENT PLAN

Identify things that start asthma episode (check all that applies to student)

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Exercise               | <input type="checkbox"/> Strong odors of fumes | <input type="checkbox"/> Molds            | <input type="checkbox"/> Foods # 1 _____ |
| <input type="checkbox"/> Respiratory infections | <input type="checkbox"/> Chalk dust            | <input type="checkbox"/> Windy conditions | <input type="checkbox"/> Foods # 2 _____ |
| <input type="checkbox"/> Change in temperature  | <input type="checkbox"/> Carpets               | <input type="checkbox"/> Air pollution    | <input type="checkbox"/> Other # 1 _____ |
| <input type="checkbox"/> Animals                | <input type="checkbox"/> Pollens               |   | <input type="checkbox"/> Other # 2 _____ |

Comments: \_\_\_\_\_  
\_\_\_\_\_

Control measures for school environment (list pre-medications, dietary restrictions, and environmental control to prevent asthma episode). \_\_\_\_\_  
\_\_\_\_\_

Peak Flow Monitoring Peak flow number \_\_\_\_\_ Monitoring times \_\_\_\_\_

### DAILY MEDICATION PLAN

	Name	Amount	Time to use
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**EMERGENCY TREATMENT PLAN**

Emergency action is necessary when the student has symptoms such as shortness of breath, persistent cough, wheezing, or has peak flow reading of \_\_\_\_\_.

**STEPS TO TAKE DURING ASTHMA EPISODE**

- 1. Give medication listed below.
- 2. Have student return to classroom if breathing easily.
- 3. Contact parent
  - ✓ Immediately if severe respiratory distress.
  - ✓ Any time treatment has been given, notify parents before child goes home from school.
  - ✓ Other parental instructions.

4. Seek medical care if student has any of the following; **GET EMERGENCY HELP NOW \* GET EMERGENCY HELP NOW**

- ✓ No improvement 15-20 minutes after initial treatment and a relative cannot be reached.
- ✓ Peak flow of \_\_\_\_\_
- ✓ Hard time breathing with:
  - ✗ chest and neck pulled in with breathing.
  - ✗ child hunched over.
  - ✗ child is struggling to breathe.
- ✓ Difficulty walking
- ✓ Unable to talk in two or three words without struggling to breathe or hard to understand or hear words.
- ✓ Stops playing and cannot start activity again.
- ✓ Lips or fingernails are gray or blue. **GET EMERGENCY HELP NOW\*GET EMERGENCY HELP NOW\*GET EMERGENCY HELP NOW**

**IF THIS HAPPENS (#4)  
GET  
EMERGENCY HELP NOW!!!!**

**EMERGENCY ASTHMA MEDICATIONS**

	Name	Amount	Time to Use
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Special Instructions: \_\_\_\_\_

Physician's order on file for self carry.

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