

Cleburne ISD Health Services

Asthma Action Plan

Student Name: _____ DOB: _____ School Year: _____

Parent/Guardian Name: _____ Phone: _____

Printed Physician Name: _____ Clinic Name: _____

Self Administration Authorization For Emergency Medicine as Inhalant

To be completed by physician

I have trained and instructed above student in the proper way to use his/her emergency medication.

___ Yes ___ No This student meets the criteria to carry and self administer his/her emergency medication.

___ Yes ___ No A second inhaler should be kept in the nurse's office/clinic at school.

Physician order for Pulse Oximeter: ___ Yes ___ No ****Call EMS if oxygen level is below ___% ___**

Physician/PA/ NP Signature: _____ **Phone:** _____

Any medication to be used during school hours or activities must have a physician's order.

ASTHMA HISTORY

(To be completed by Parent/Guardian)

When was student diagnosed with asthma/reactive airway disease? _____

What are the primary triggers (causes) of student's asthma episodes?

___ Exercise

___ Respiratory Infections

___ Animals

___ Chalk Dust

___ Seasonal Allergies, pollens, molds

___ Strong Odors, fumes, perfumes

___ Other _____

How often does student have Asthma Episodes?

___ Less than or equal to 2 days/week or 2 nights/month

___ More than 2 days/week but less than once every day, or more than 2 nights/month

___ Daily symptoms or more than 1 night/week

___ Continual daytime symptoms and frequent symptoms at night

List any preventative medication at home on a daily basis: _____

List any emergency or "as needed" medication (inhaler or nebulizer) at home: _____

Parent/guardian Signature: _____ **Secondary Emergency #:** _____

Teacher/Staff MANAGEMENT OF AN ACUTE ASTHMA EPISODE IN SCHOOL

If student has excessive coughing, wheezing, shortness of breath or chest tightness:

- If available, administer prescribed medication by inhaler or nebulizer.
This student _____ has an inhaler in the nurse's office _____ carries an inhaler (MD order required).
- If rescue inhaler is not available and student is able, send to nurse's office with a buddy or staff member. If student is unable to go to nurse's office, call for the nurse (or parent if after school hours).
- Reassure student after medication is given. Encourage slow, deep breathing.
- Student should respond to treatment within 15-20 minutes.
- If medication is ineffective and/or student shows signs of distress, is struggling to breathe (hunched over/ribs showing), has blue lips, becomes unconscious, or stops breathing. **Call 911, Parent/Guardian/Administration.**

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