

**GREAT HEARTS ACADEMY – ASTHMA ACTION PLAN** for the 2021-2022 SCHOOL YEAR

CHILD LAST NAME: \_\_\_\_\_  
 FIRST NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
 PARENT/GUARDIAN: \_\_\_\_\_  
 BEST CONTACT PHONE NUMBER: \_\_\_\_\_  
 PHYSICIAN NAME: \_\_\_\_\_  
 PHYSICIAN PHONE NUMBER: \_\_\_\_\_  
 TEACHER: \_\_\_\_\_ SECTION \_\_\_\_\_

ASTHMA TRIGGERS:            EXERCISE            STRONG ODORS OR FUMES            RESPIRATORY INFECTIONS  
    ANIMALS                            DUST                            TEMPERATURE CHANGES            POLLENS  
    MOLDS                                FOOD                            CARPET                            OTHER: \_\_\_\_\_

Does your student use a peak flow monitor? \_\_\_\_\_ yes \_\_\_\_\_ no  
 Personal best peak flow number: \_\_\_\_\_ Monitoring times during the day: \_\_\_\_\_

DAILY PREVENTION/MANAGEMENT PLAN: (*Breathing is good, no cough or wheeze, can sleep through the night, can work and play OR other specific symptoms such as \_\_\_\_\_*)

CONTROLLER MEDICATION	DOSE	FREQUENCY	Given to school nurse?

BEGINNING SYMPTOMS: (*First signs of a cold, exposure to known trigger, cough, wheeze, chest tightness, coughing at night OR other specific symptoms such as \_\_\_\_\_*)

RESCUE MEDICATION	DOSE	FREQUENCY	Given to school nurse?

1. Use the rescue medications listed above or \_\_\_\_\_
2. Have student return to class if \_\_\_\_\_
3. Contact parent if \_\_\_\_\_

WORSENING SYMPTOMS: (*Medicine is not helping, breathing is hard and fast, nose opens wide, can't talk well, getting nervous OR other specific symptoms such as \_\_\_\_\_*)

EMERGENCY MEDICATION	DOSE	FREQUENCY	Given to school nurse?

**Call 9-1-1** if the student

1. Shows no improvement in 15-20 minutes after the rescue and emergency treatments are used, and the above-mentioned parent-guardian cannot be reached
2. Difficulty breathing, walking or talking
3. Lips or fingernails are blue or gray or other \_\_\_\_\_

I understand that school staff **MUST** be informed of my child's health concerns in order to provide safe and appropriate care. I will update the school nurse office as my child's health conditions/treatments change throughout the year.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_