

# Asthma Action Plan

## Student Information

Name of Student: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher or Class: \_\_\_\_\_

## Emergency Information

Parent(s)/Guardian(s) Names: \_\_\_\_\_

Mother Telephone (W): \_\_\_\_\_ Father Telephone (W): \_\_\_\_\_

Telephone (H)/Cell: \_\_\_\_\_ Telephone (H)/Cell: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

In case of emergency, contact:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## 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 are:

- Activate the emergency medical system in your area; Phone \_\_\_\_\_.
- Call parent/guardian or physician.

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

Personal best peak flow \_\_\_\_\_

### All Current Medications

Name of Medication	Dosage	Time

### Medications to be given at School (if any)

Name of Medication	Dosage	Time

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_

Physician's Signature \_\_\_\_\_