

Date of Plan: _____

Effective Dates: _____

Highland Local Schools Asthma Action Plan

Student's Name: _____

Date of Birth: _____ Grade: _____ Homeroom Teacher: _____

Contact Information

Parent/Guardian: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Parent/Guardian: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Other Emergency Contacts:

Name: _____ Relationship: _____

Telephone: Home: _____ Work: _____ Cell: _____

Student's Doctor/Health Care Provider:

Name: _____ Telephone: _____

Significant Medical History: _____

Peak Flow Monitoring: _____ Monitor Peak Flow _____ Do not monitor Peak Flow

Emergency Action

Emergency action is necessary when the student has symptoms such as: _____

Steps to take during an asthma episode:

- 1) Check peak flow (if indicated above to do so)
- 2) Give medications as listed below. Student should respond to treatment in 15-20 minutes.
- 3) Contact parent/guardian if _____
- 4) Re-check peak flow (if indicated above to do so)
- 5) Seek emergency medical care if the student has any of the following:

<ol style="list-style-type: none"> a) Coughs constantly b) No improvement 15-20 minutes after initial treatment with medication and a relative cannot be reached c) Peak flow of _____ d) Trouble walking or talking 	<ol style="list-style-type: none"> e) Hard time breathing with: <ul style="list-style-type: none"> -Chest and neck pulled in with breathing -Stooped body posture -Struggling or gasping f) Stops playing and can't start activity again g) Lips or fingernails are grey or blue
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Emergency Asthma Medications (Must also have Medication Administration Form on file and signed by physician)

	Name	Amount	When to Use
1.	_____	_____	_____
2.	_____	_____	_____

Authorization

Parent/Guardian Signature: _____ Date: _____

Physician Signature: _____ Date: _____