

# School Asthma Management Plan

## Student Asthma Action Card

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
Teacher: \_\_\_\_\_ Room: \_\_\_\_\_ **ID Photo**

Parent/Guardian Name: \_\_\_\_\_ Ph (H): \_\_\_\_\_  
Address: \_\_\_\_\_ Ph (W): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Ph (H): \_\_\_\_\_  
Address: \_\_\_\_\_ Ph (W): \_\_\_\_\_

### Emergency Phone Contact #1:

| Name | Relationship | Phone |
|------|--------------|-------|
|------|--------------|-------|

### Emergency Phone Contact #2:

| Name | Relationship | Phone |
|------|--------------|-------|
|------|--------------|-------|

Physician Student Sees for Asthma: \_\_\_\_\_  
Ph: \_\_\_\_\_  
Other Physician: \_\_\_\_\_  
Ph: \_\_\_\_\_

## Daily Asthma Management Plan

Identify the things which start an asthma episode (check each that applies to the student).

- |                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/> Exercise   | <input type="checkbox"/> Strong odors or fumes | <input type="checkbox"/> Respiratory infections |
| <input type="checkbox"/> Chalk dust | <input type="checkbox"/> Change in temperature | <input type="checkbox"/> Carpets in the room    |
| <input type="checkbox"/> Food       | <input type="checkbox"/> Animals               | <input type="checkbox"/> Pollens                |
| <input type="checkbox"/> Molds      | <input type="checkbox"/> Other _____           |   |

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

## Control of School Environment

(List any environmental control measures, pre-medications, and/or dietary restrictions that the student needs to prevent an asthma episode.)

\_\_\_\_\_

\_\_\_\_\_

## Peak Flow Monitoring

Personal Best Peak Flow Number \_\_\_\_\_

Monitoring

Times: \_\_\_\_\_

## Daily Medication Plan

| Name     | Amount | When to Use |
|----------|--------|-------------|
| 1. _____ | _____  | _____       |
| 2. _____ | _____  | _____       |
| 3. _____ | _____  | _____       |
| 4. _____ | _____  | _____       |

## School Asthma Management Plan (continued) Emergency Plan

Emergency action is necessary when the Student has symptoms such as \_\_\_\_\_ or has a peak flow reading of \_\_\_\_\_.

### Steps to take during an asthma episode:

1. Give medications as listed below.
2. Have student return to classroom if

\_\_\_\_\_  
\_\_\_\_\_

3. Contact parent if

\_\_\_\_\_

### 4. **Seek emergency medical care if the student has any of the following:**

No improvement 15-20 minutes after initial treatment with medication and a relative cannot be reached.

Peak flow of \_\_\_\_\_

Hard time breathing:

Chest and neck are pulled in with breathing.

Child is hunched over.

Child is struggling to breathe.

Trouble walking or talking.

Stops playing and can't start activity again.  
Lips or fingernails are gray or blue.

**IF THE ABOVE HAPPENS, GET EMERGENCY HELP NOW!**

**Emergency Asthma Medications**

| Name     | Amount | When to Use |
|----------|--------|-------------|
| 1. _____ | _____  | _____       |
| 2. _____ | _____  | _____       |
| 3. _____ | _____  | _____       |
| 4. _____ | _____  | _____       |

**Comments/Special Instructions**

---

---

**For Inhaled Medications**

\_\_\_ I have instructed (name)\_\_\_\_\_ in the proper way to use his/her medications. It is my professional opinion that he/she should be allowed to carry and use that medication by him/herself.

\_\_\_ It is my opinion that \_\_\_\_\_ should not carry his/her inhaled medication by him/herself.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Developed by the Asthma and Allergy Foundation of America (AAFA):  
Endorsed by the National Asthma Education and Prevention Program (NAEPP)