

School Asthma Management Plan

Student Name: _____ Grade/Sec: ____ - ____

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 class 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 pulling 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 THIS HAPPENS,
GET EMERGENCY
HELP IMMEDIATELY!

Emergency Asthma Medications

Name	Amount	When to use
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Comments/Special Instructions _____

For Inhaled Medications

_____ I have instructed _____ 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.

Physician Signature: _____ Date: _____

Parent Signature: _____ Date: _____