

Howards Grove School District
Student Asthma Health Action Plan

School Year _____

Student Name _____ Date of Birth _____

Parent/Guardian _____

Home Phone _____ Work Phone _____ Cell Phone _____

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"/> Other _____ |
| <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"/> Animals | <input type="checkbox"/> Pollens | |
| <input type="checkbox"/> Food | <input type="checkbox"/> Molds | |

Specific information for any type checked / Comments: _____

Control of School Environment

List any environmental measures, activity restrictions, medications and/or dietary restrictions that student needs to prevent an asthma episode.

Personal best peak flow number _____ Monitoring times _____

Is your child on a daily medication plan? _____ Yes _____ No

When does student use inhaler (e.g. before P.E. or as needed)? _____

Comments/Special Instructions

Please Complete and Sign Reverse Side of This Action Plan

Emergency Plan

Emergency action is necessary when the student has symptoms, such as a cough, shortness of breath, and/or chest pain.

Refer to student's individualized plan of care.

If no individualized plan of care, follow actions listed below:

1. Give medications as authorized.
2. Have student return to classroom if symptoms improve after treatment. Continue to monitor student's condition throughout the day.
3. Contact parent/emergency contact if there is no improvement.
4. **Call 9-911 to seek emergency medical care if the student has any of the following:**
 - a. No improvement 15-20 minutes after initial treatment.
 - b. Difficult time breathing with:
 - (1) Chest and neck pulled in with breathing.
 - (2) Student is hunched over.
 - (3) Student is struggling to breathe.
 - c. Trouble walking or talking.
 - d. Stops playing and can't start activity again.
 - e. Lips or fingernails are gray or blue.

Asthma Medications

If medication is required at school, a medication authorization form must be completed and is available in each school office.

If student is allowed to carry an inhaler on them, please have physician complete area below.

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.

Physician Signature

Date

This information may be shared with the classroom/homeroom teacher(s) and other appropriate school personnel with a need to know.

Parent/Guardian Signature

Date