

ASTHMA ACTION PLAN

Student Photo

Student Information:		
Student:	Birthdate:	
School:	Grade/Rm	
Emergency Contact Information:		
Name	Relationship	Telephone number
1		
2		
3		
Healthcare Provider	Tel	
The following are possible signs of an asthm	talking lips or fingernails worsening symptoms. medical care. The steps that should be system in your area. Call 911. lthcare Provider	
Name of Medication	Dosage	Time
Start Date	End Date	
Steps for an Acute Asthma Episode (t	o be completed by prescriber)	
1. Administer Inhaler as ordered.		
2. If no relief in minutes, Repeat In	haler as ordered.	
3. Contact Parent/Emergency Contact		
4. Call 911		
5. Additional Instructions:		
☐ Please check if STUDENT is permitted SELF-MEDICATE at school. (See ne	-	
Signature of Prescriber		Date
Signature of Parent/Guardian		Date

Adverse reactions that should be reported to physician:

- Chest pain.
- Rash, hives, or itching.
- Fast, pounding, or irregular heartbeat.
- Swelling of the face, throat, tongue, lips, eyes, hands, feet, ankles, or lower legs.
- Difficulty swallowing.
- Worsened breathing.
- Hoarseness.

Adverse reactions for unauthorized user:

- Racing heart beat
- Feeling very shaky

In the event that medication does not produce the expected relief from student's asthma attack, follow the "Steps for an Acute Asthma Episode" (on first page)

Other special instructions:

Copies must be provided to the principal and to the nurse.

Reviewed by Dr. Carly Wilbur April 2019



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