School District of Altoona

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Asthma Action Plan

Student Name:_____ DOB:_____ School:_____ Grade:_____

Parent/Guardian Name:_____ Phone:_____
Triggers: [ ] Weather [ ] Illness [ ] Exercise [ ] Smoke [ ] Dog/Cat [ ] Dust [ ] Mold [ ] Pollen [ ] Other

GREEN ZONE: PRETREATMENT STEPS FOR EXERCISE (Healthcare provider please complete section)

[ ] Give 2 puffs of rescue medication (*name*)_____ 15 minutes before activity.
(Circle indication: Phys Ed, exercise/sport, recess) Explanation:_____
[ ] Repeat in 4 hours if needed for additional or ongoing physical Activity

YELLOW ZONE: SICK-UNCONTROLLED ASTHMA (healthcare provider please complete dosing for rescue medication)

IF YOU SEE THIS:	DO THIS:
• Difficulty breathing • Wheezing • Frequent coughing • Complaints of chest tightness • Unable to tolerate regular activities but still talking in complete sentences • Other:	• Stop physical activity • Give rescue medication (*name*):_____ Dose:_____ [ ] Via Inhaler [ ] Via Nebulizer • If no improvement in 10-15 minutes, repeat use of rescue medication:_____ Dose:_____ [ ] Via Inhaler [ ] Via Nebulizer • If student's symptoms do not improve or worsen, call 911 • Stay with student and maintain a sitting position • Call parents/guardian and district nurse • Student may resume normal activities once feeling better

- If there is no rescue medication at school:
  - Follow district protocol to administer stock albuterol if available
  - Call parents/guardian to pick up student and/or bring inhaler/medications to school
  - Inform them that if they cannot get to school, 911 may be called.

RED ZONE: EMERGENCY SITUATION (Healthcare provider please complete dosing for rescue medication)

IF YOU SEE THIS:	DO THIS IMMEDIATELY:
• Coughs constantly • Struggles or gasps for breath • Trouble talking (can speak only 3-5 words) • Skin of chest and/or neck pulling in when breathing • Lips or fingernails are gray or blue • Low level of consciousness	• Give rescue medication (*name*):_____ Dose:_____ [ ] Via Inhaler [ ] Via Nebulizer • Call 911. Inform attendant the reason the call is asthma • Repeat use of rescue med if student not improving in 10-15mintues. Dose:_____ [ ] Via Inhaler [ ] Via Nebulizer • Call parents/guardians and district nurse • Encourage student to take slower, deeper breaths • Stay with student and remain calm • *School personnel should not drive students to hospital*

PLEASE SEE BACK OF THIS FORM FOR MORE INFORMATION AND HEALTHCARE PROVIDER SIGNATURES

Instructions for Rescue Inhaler Use (Healthcare provider please check appropriate box(es)):

[ ] Student understands the proper use of his/her asthma medications, and in my opinion, can carry and use his/her inhaler at school independently.

[ ] Student uses spacer with inhaler

[ ] Student is to notify his/her designated school health officials after using inhaler

[ ] Student needs supervision or assistance to use his/her inhaler. If not self carry, the inhaler is located:_____

[ ] Other Instructions:_____

[ ] Student has life threatening allergy, the epinephrine auto injector is located:_____

_____ _____ _____

Health Care Provider Signature Please Print Providers Name Date

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our physician. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring device. I approve of this Asthma Action Plan for my child.

_____ _____

Parent Signature Date