L'Anse Creuse PUBLIC SCHOOLS

Asthma Action Plan

Student's Name _____ D.O.B _____ Teacher _____

Asthma ☐ Exercise induced ☐ Environmentally/Allergy triggered

Place Child's Picture Here

STEP 1: TREATMENT

Symptoms	Give Checked Medication (To be determined by physician authorizing treatment)	
	Inhaler	Nebulizer
Wheezing or coughing	☐	☐
Childs chest or neck is pulling in while struggling to breathe	☐	☐
Child has trouble walking or talking	☐	☐
Child stops playing and can not start again	☐	☐
Child's fingernail and/or lips turn blue or gray	☐	☐
Skin between child's ribs sucks in when breathing	☐	☐
The severity of symptoms can quickly change. Asthma is different for every person. The "Asthma Emergency Signs" above represent general emergency situations as per the National Asthma Education and Prevention Program 1997 Expert Panel Report.		

DOSAGE

Inhaler: Give: _____
(Medication/dose/route)

Nebulizer: Give: _____
(Medication/dose/route)

Oral Medication: Give: _____
(Medication/dose/route)

STEP 2: TREATMENT

1. If child's symptoms do not improve after taking medicine (15-20 minutes for most asthma medications). Call 911 (or Rescue Squad: (___)_____).
2. Dr. _____ at _____
3. Emergency Contacts:

Name/Relationship	Phone Numbers	
A	1	2
B	1	2
C	1	2

Even if parent/guardian <u>cannot</u> be reached, do not hesitate to medicate or take child to medical facility!

Parent/Guardian Signature _____ Date _____

Doctors Signature _____ Date _____
(Required)

cc: Office
CA60 File
Transportation
Food & Nutrition Department
SACC
Sponsors/Athletics
Teachers