ARISTOI CLASSICAL ACADEMY

ASTHMA ACTION PLAN

SCHOOL YEAR:

Student's Name: ______________________________ Date of birth: ______________

Grade: ____________ Homeroom Teacher: ______________________

Emergency Action is Necessary when the student has the following symptoms:

1. ____________________ 2. ____________________

3. ____________________ 4. ____________________

Steps to take during an asthma episode:

1. Give emergency medications:
   a. Bronchodilator (quick relief medication)
      Name of medication: ______________________
      Dosage: ______________ Route: ______________
      When to administer: ______________________
      Can be repeated for severe difficulty breathing _____times ________minutes apart

      Call 911 if no initial improvement

   b. Other medications:
      Name of medication: ______________________
      Dosage: ______________ Route: ______________
      When to administer: ______________________
      Additional instructions: ______________________

2. Seek emergency care if the student experience any of the following:
   - No improvements after 15-20 minutes after initial treatment
   - Chest and neck pulls in with breathing
   - Struggles to breath
   - Trouble walking and/ or talking
   - Lips or fingernails turning gray or blue

Special instructions or comments:

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Physician Name: ______________________________ Phone Number: ______________

Physician Signature: ______________________________ Date: ______________

I request the above prescribed medication(s) be administered to my child according to the signed protocol by my child's physician. I hereby give my permission for the school nurse to consult with the prescribing physician regarding the above orders.

Parent/Guardian Signature: ______________________________ Date: ______________