

Midland Innovation + Technology Charter School

Health Services

ASTHMA ACTION PLAN

THE SCHOOL WILL USE THIS INFORMATION AS AN ASTHMA ACTION PLAN TO PROVIDE THIS STUDENT'S CARE AND TREATMENT AT SCHOOL

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ GR \_\_\_\_\_ School Year \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Child's Asthma Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Asthma is: Mild Moderate Severe Date of last Doctor Visit \_\_\_\_\_

Child s Uses a Spacer Yes No Child Uses a Peak Flow Meter Yes No

TRIGGERS (check all that apply)

EARLY WARNING SIGNS (check all that apply)

- COLDS EXERCISE SMOKE WHEEZE COUGH CHEST TIGHTNESS
ANIMALS DUST PAIN IN CHEST PAIN IN BACK
FOOD WEATHER SHORT OF BREATH DIFFICULTY BREATHING
OTHER OTHER

EMERGENCY PLAN/STEPS TO TAKE DURING AN ASTHMA EPISODE:

- 1. Nurse will assess student, listen to lung sounds and check oxygen saturation
2. If student has some shortness of breath, cough, wheeze, chest tightness and/or symptoms of cold:
Give medication listed below as ordered (Must have physician order/parent permission on file)
Student should respond to treatment in 15-20 min

Table with 3 columns: Medication, Dose, How Often

- 3. Contact parent or guardian if
4. Seek emergency medical care if student shows any signs of severe breathing problems (hard time breathing with retractions noted, gasping for air, trouble walking/talking, blueness around lips/fingernails, chest pain)

COMMENTS/SPECIAL INSTRUCTIONS:

THE SCHOOL NURSE MAY CONTACT THE FAMILY ASTHMA DOCTOR LISTED ABOVE IF NEEDED YES NO

THE SCHOOL NURSE MAY SHARE THIS ASTHMA INFORMATION WITH STUDENT'S TEACHERS YES NO

STUDENT WILL CARRY INHALER KEEP INHALER IN HEALTH OFFICE

STUDENT HAS PERMISSION TO SELF-ADMINISTER INHALER

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_