Classroom: _____

Asthma Action Plan for the Classroom

Child's Name:		DOB	:
Parent/Guardian:			e:
Physician/Health Care Provider:	Phon	e:	
Asthma Triggers: Weather Colds/illness	Exercise Smoke	_ Allergies speci Other	fy:
 Typical Signs and Symptoms of Asthma Persistent cough Faster brea Wheezing Chest/stom Fatigue Restless Steps to be taken by Reach Dane staff	thing bach pain during an ast l	-	□ Other:
 Give rescue medication. Child sl a. Rescue inhaler: (b. Rescue nebulizer: (c. Parent declines bringing to the structure of the structure o	brand name)# puff)	
 2. Keep child calm - encourage child to sit down and breathe slowly. 3. Parent/guardian wants to be called: As soon as asthma symptoms occur or After rescue medication is administered <u>or</u> Other: (i.e.: end of day by note, etc) 4. Seek emergency medical care (call 9-1-1) if the child has any of the following symptoms after initial treatment with rescue medication or if there is no rescue medication: a. No improvement 15-20 minutes after treatment with rescue medication b. Difficulty breathing with any one of the following: Pulling in of chest/neck Vomiting of mucous Severe wheezing when 			
muscles when breathing	g isible > Lip or air > Bro g > Co	os or fingers gray/blue eathing is hard/fast onstant coughing	 > Severe wheezing when breathing in and out > Stooped body posture > Pale, sweaty face
5. Name of maintenance (controller) asthma medications: Flovent Pulmicort (budesonide)			
a. Are these controller med asthma plan from health care prov			□ No □ Yes – If yes, written
Parent consent: I have helped develop this asthma action plan. I understand it and will try my best to follow the plan. I will communicate any changes in my child's condition or treatment.			
Parent Signature	Rea	ach Dane Staff (Name/Title)	Date