

CORNWALL CONSOLIDATED SCHOOL
ASTHMA ACTION PLAN

Student's Name _____ DOB _____ Teacher _____

Parent/Guardian: _____ Telephone: _____

Emergency Contacts _____ Phone: _____
_____ Phone: _____

Physician Student sees for Asthma _____ Phone: _____

Other Physician _____ Phone: _____

• **Identify the things that start an asthma episode**
(Check each that applies to the student)

- | | | | |
|--------------|----------------------------|----------------|------------------|
| ___ Animals | ___ Bee/Insect Sting | ___ Chalk Dust | ___ Dust Mites |
| ___ Exercise | ___ Change in temperature | ___ Molds | ___ Pollens |
| ___ Smoke | ___ Respiratory infections | ___ Latex | ___ Strong Odors |

• **Peak Flow Monitoring**

Personal Best Peak Flow reading: _____

Monitoring Times: _____

• **Control of Environment** (List any environmental control measures, pre-medications, and/or dietary restrictions that the student needs to prevent an asthma episode)

• **Daily Medications for Asthma**

Name _____ Dosage _____ When to use _____

Name _____ Dosage _____ When to use _____

Name _____ Dosage _____ When to use _____

ASTHMA EMERGENCY PLAN

Emergency action is necessary when the student has symptoms such as _____

or has a peak flow reading at or below _____

- **Steps to take during an asthma episode:**

1. Check Peak flow reading (if student uses a peak flow meter).
2. Give medications as listed below.
3. Check for decreased symptoms and/or increased peak flow reading.
4. Contact parent/guardian.
5. **Seek emergency medical care if the child has any one of the following:**
 - *No improvement minutes after initial treatment with medication.*
 - *Peak flow at or below:* _____
 - *Hard time breathing with:*
 - *Chest and neck pulled in with breathing.*
 - *Student hunched over.*
 - *Student struggling to breathe.*
 - *Trouble walking or talking.*
 - *Stops playing and cannot start activity again.*
 - *Lips or fingernails are gray or blue.*

- **Emergency Medications for Asthma**

Name _____ Dosage _____ When to use _____

Name _____ Dosage _____ When to use _____

Name _____ Dosage _____ When to use _____