

Asthma

Emergency Action Plan

Student Information

Name of Student: _____ Date of Birth: _____

Grade: _____ Homeroom Teacher or Class: _____

Physical Education Days and Times: _____

Emergency Information

Parent(s)/Guardian(s) Names: _____

Mother: (work) _____ (home) _____

Father: (work) _____ (home) _____

Physician's name: _____ Telephone: _____

In case of an emergency, contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Asthma Emergency Action

The following are possible signs of an asthma emergency:

1. Difficulty breathing, walking, or talking
2. Blue or gray discoloration of the lips or fingernails
3. Failure of medication to reduce worsening symptoms

These signs indicate the need for emergency medical care. The steps that should be taken are:

1. Activate the emergency medical system in your area. Phone: _____
2. Call Parent/Guardian or physician

Triggers:

Personal Best Peak Flow: _____

Asthma

Emergency Action Plan (cont.)

All Current Medications:		
Name of Medication	Dosage	Time

Medications to be given at school (if any):		
Name of Medication	Dosage	Time

Steps for an acute asthma episode (to be completed by physican)
1.
2.
3.
4.
5.

Parent/Guardian Signature: _____

Physician Signature: _____

Reviewed by school nurse: _____ Date: _____