

CEDAR BLUFFS PUBLIC SCHOOLS

STUDENT ASTHMA ACTION PLAN

Name: _____ Age: _____ Grade: _____

Physician the student sees for asthma: _____ Phone: _____

Daily Asthma Management Plan

Identify the things which start an asthma episode.
Check each that applies to the student.

- Exercise
- Respiratory infections
- Change in temperature
- Animals
- Strong odors or fumes
- Chalk dust
- Carpets in the room
- Pollen
- Foods: _____

Molds: _____

Other: _____

Control of School Environment

List any environmental control measures, pre-Medications, and/or dietary restrictions that the student needs to prevent an asthma episode. For example, using inhaler before PE.

Peak Flow Monitoring (If part of treatment plan)

Personal Best Peak Flow Number: _____

Monitoring Times: _____

Peak Flow Reading to Initiate Emergency Action Plan

Parent's Signature:

A good resource for grade school children is:
www.asthmabusters.com

Daily Medication Plan Please list all asthma Medication your child takes even if it will not be administered at school.

Name of Medicine	Amount	Times Given

Emergency Plan: Emergency action is necessary when the student has symptoms such as

Steps to take during an asthma episode:

1. Give Emergency Asthma Medications listed below.
2. Student may return to class if:

3. Contact parent if _____

4. Seek emergency medical care if the student has any of the following:

- No improvement 15-20 min. after initial treatment with medication and a parent cannot be reached.
- Hard time breathing: Chest & neck are pulled in with breathing. Child is hunched over. Child is struggling to breathe.
- Trouble walking or talking.
- Stops activity (playing, PE, or athletic practice).
- Lips or fingernails are gray or blue.

Emergency Asthma Medications:

Name of Medication	Amount	When to Use