

Le Sueur-Henderson Public Schools

ASTHMA ACTION PLAN

**Student Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

**Emergency Information:**

Parent/Guardian: \_\_\_\_\_

Mother - Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

Father - Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency and unable to reach a parent, contact:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

**Asthma Action Plan:**

Please send to the office for assessment of respiratory status, evaluation and treatment/medication administration if any of the following signs/symptoms are present.

- Difficulty breathing (shortness of breath)
- Difficulty walking or talking
- Wheezing, coughing
- Complaints of chest tightness
- Change in skin color – blue/gray discoloration of lips or fingernails

**List the steps to be taken for an asthma emergency:** (Steps may include giving prescribed medications/inhaler, calling 911 or calling parents.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Triggers:** \_\_\_\_\_

Inhaler is located in the nurse’s office: Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_

Student is independent with the use of his/her inhaler: Yes \_\_\_\_\_ No \_\_\_\_\_

**Please Note:** If medication is to be given at school, it must be accompanied by a physician’s order and signed parent consent. (Authorization for Dispensing Medication at School Form)

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_