

Kansas Asthma Action Plan

Student Name: _____ Date of Birth ____/____/____ Grade: _____

THE ABOVE STUDENT IS DIAGNOSED WITH ASTHMA. THIS FORM WILL ASSIST IN THE MANAGEMENT OF HIS/HER ASTHMA.
PLEASE PLACE THIS FORM IN THE STUDENT'S MEDICAL FILE

Parent/Guardian Name: _____ Number where can be reached: (____) ____-____

Student's Primary Care Provider: _____ Phone: (____) ____-____

Daily Medication Plan

<p>This is the student's daily medicine plan:</p> <ul style="list-style-type: none"> The student has no asthma symptoms. The student can do usual activities. The student can sleep without symptoms. 	<u>Medicine/Dose</u>		<u>When to Give it</u>
	<input type="checkbox"/> Albuterol/Xopenex inhaler 2 sprays	OR	Every 4-6 hours as needed for wheezing/cough
	<input type="checkbox"/> Albuterol/Xopenex solution 1 dosage		
	<input type="checkbox"/> _____		
	<input type="checkbox"/> Albuterol/Xopenex inhaler 2 sprays	OR	nebulizer treatment 15-20 minutes before exercise, only if needed

Asthma Emergency Plan-What to do for increased asthma symptoms

Do this first when asthma symptoms occur:	Have the student take Albuterol inhaler 2 sprays OR one nebulizer treatment every 20 minutes up to 3 times. This is a test dose to see if the student's asthma improves with Albuterol.		Trigger List: <ul style="list-style-type: none"> <input type="checkbox"/> Chalk Dust <input type="checkbox"/> Cigarette Smoke <input type="checkbox"/> Colds/Flu <input type="checkbox"/> Dust or dust mites <input type="checkbox"/> Stuffed animals <input type="checkbox"/> Carpet <input type="checkbox"/> Exercise <input type="checkbox"/> Mold <input type="checkbox"/> Ozone alert days <input type="checkbox"/> Pests <input type="checkbox"/> Pets <input type="checkbox"/> Plants, flowers, cut grass, pollen <input type="checkbox"/> Strong odors, perfume, cleaning products <input type="checkbox"/> Sudden temperature change <input type="checkbox"/> Wood smoke <input type="checkbox"/> Foods: _____ <input type="checkbox"/> Other: _____
What to do Next:	When to Do it:		
<input type="checkbox"/> Have the student return to the classroom. <input type="checkbox"/> Notify parents of students need for a quick relief medicine.	Good Response to Test Dose of Albuterol <ul style="list-style-type: none"> The student's symptoms improve after 1-2 treatments. The student no longer has symptoms (wheezing, coughing, shortness of breath, chest tightness.) Student may continue Albuterol/Xopenex every 4 hours for 24-48 hours. 		
<input type="checkbox"/> Contact the parent or guardian. <input type="checkbox"/> Contact the PCP for step-up medicine. <input type="checkbox"/> _____	Incomplete Response to Test Dose of Albuterol <ul style="list-style-type: none"> The student is experiencing mild to moderate symptoms (wheezing, coughing shortness of breath, chest tightness) after taking 3 treatments. The student cannot do normal school activities. 		
<input type="checkbox"/> Seek emergency medical care in most locations, call 911. <input type="checkbox"/> Call the PCP _____ <input type="checkbox"/> _____ <input type="checkbox"/> NOTE: Wheezing may be absent because air cannot move out of the airways.	Poor Response to Test Dose of Albuterol <ul style="list-style-type: none"> The student does not feel better 20-30 minutes after taking the Albuterol. The student has severe symptoms (coughing; extreme shortness of breath; skin reactions between the ribs or at the neck). The student has trouble walking or talking. The student's lips or fingernails are blue. The student is struggling to breathe. 		

Signature of Parent/Guardian _____

____/____/____
Date

Signature of Physician _____

____/____/____
Date