

Asthma Emergency Action Plan

Student Information:

Name of Student: _____ Date of Birth: _____

Grade: _____ Homeroom teacher/class: _____

Physical Education Days and Times: _____

Triggers: _____

Personal best peak flow reading: _____

Emergency Information:

Parent/guardian name: _____

Mother: (home) _____ (work) _____

Father: (home) _____ (work) _____

Physician's name: _____ Telephone: _____

In the event parents can't be reached, please list other emergency contact options:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Asthma Emergency Action

The following are potential 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. Call 911.
2. Call parent/guardian or physician.

Asthma Emergency Action Plan

(continued)

All Current Medications:

Name of Medication	Dosage	Time

Medications to be given at school (if any):

Name of Medication	Dosage	Time

Instructions for care during an acute asthma episode:

(To be completed by physician)

1. _____
2. _____
3. _____
4. _____

Parent/guardian's Signature: _____

Physician's Signature: _____

Reviewed by School Nurse: _____ Date: _____