

Health Services: Asthma Action Plan

Name: _____ Student ID: _____ DOB: ____/____/____

WISD staff will **administer medication(s)** as prescribed, **call 911** for severe symptoms that do not improve with medication, and **notify parents** of action plan initiation

MEDICATION(S)/TREATMENT

Daily medication: _____
(include dose, time, and route)

_____ puffs of MDI before exercise

Quick relief medication:
 _____ puffs of _____
(metered dose inhaler) as needed for:

Coughing Chest Tightness

Retractions/Nasal flaring

Wheezing SpO2 \leq _____ %

Repeat _____ times _____ minutes
apart for persistent symptoms

Other: _____

(include dose, time, and route)

SELF-ADMINISTRATION

To be completed by prescribing healthcare provider (HCP) only.

I have assessed the student named above in appropriate medication administration. Based on my assessment, I recommend:

allowing student self-transport/administration of his/her quick relief MDI for the current school year. During my assessment the student verbalized the purpose of the medication, the time/circumstance to administer, and when to seek help from school staff.

restricting permission to self-transport/administer his/her quick relief MDI and reevaluating permission at a later date.

other: _____

CALL EMS IF:

Person becomes unresponsive/unconscious

Lips or fingernails appear blue

Person is struggling to breathe (breathing hard and fast)

Can't speak due to difficulty breathing

SpO2 \leq _____ %

Other: _____

ASTHMA FIRST AID

- Stay calm and contact the school nurse
- Escort person to nurse if able to walk
- Activate Emergency Action Plan
- Ensure upright positioning (to expand lung capacity)
- Administer medication as prescribed
- Remain with student

Printed name of HCP

Signature of HCP

(____) ____ - ____ / ____ / 20____
Phone number

____ / ____ / 20____
Date

I agree with the recommendations of my child's HCP and authorize WISD staff to deliver treatment as outlined above. I also give permission for my child's HCP to communicate with appropriate WISD employees for the current school year.

Printed name, parent/guardian

Signature parent/guardian

(____) ____ - ____ / ____ / 20____
Phone number

____ / ____ / 20____
Date