

# ASTHMA ACTION PLAN: Mumford ISD



Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I agree with the recommendations below from my child's physician and give permission for my child to receive medication(s) as directed. By signing this, I give permission for my child's physician to share written and or verbal information with the school nurse for the entire school year.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## BELOW TO BE FILLED OUT BY PHYSICIAN ONLY

### Step 1: Preventative Medication

Medicine	How Much	Times

Air Quality Alert Days (check one):  No outdoor exercise  Limited (no running)  Exercise as tolerated

20 minutes prior to exercise give this medicine: \_\_\_\_\_  N/A

### Step 2: Quick-Relief Medications

To be used for:

\*Cough

\*Wheeze

\*Tight Chest

\*Waking up at night

Medicine	How Much	Frequency

\*If student does not feel better in 20-60 minutes continue to emergency plan

\*To call doctor if symptoms continue for 12-24 hours at (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Step 3: Emergency Plan

To be used when:

GO TO DOCTOR'S OFFICE OR EMERGENCY ROOM

\*Medicine not helping

Take the following medication until seen by doctor

\*Breathing hard and fast

\*Nose opens wide to breathe

\*Can't talk well

Medicine	How Much

May repeat \_\_\_\_\_ times, \_\_\_\_\_ minutes apart

May repeat \_\_\_\_\_ times, \_\_\_\_\_ minutes apart

**CALL**

Lips or fingernails are blue

Stooped body Posture

Struggling to breathe

**911 if:**

Chest/neck pulls in to breathe

Cannot play or talk

Difficulty walking

Physician recommendations for self-administration medication (check one):

- The student above has been instructed how to properly use the medications listed. It is my professional opinion that this student should be able to carry and self-administer medication at school and school events.
- The student above should NOT be allowed to carry asthma medications while on school property.

\_\_\_\_\_  
Physician Name (printed)

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date