



SCHOOL-BASED ASTHMA CARE PLAN

Student Name:	DOB:	Grade:
School:	Teacher/Homeroom:	
Parent's Name:	Phone:	Work:
	Cell:	
Physician's Name:	Physician's Phone:	Hospital:
Allergies to Medications:		Best Peak Flow:
Asthma trigger:		

Medication to be taken at school:	Dosage:
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<p>Action Plan for Asthma Episode</p> <ol style="list-style-type: none"> 1. Stop activity immediately 2. Help student resume comfortable position: sitting up is usually the most comfortable 3. Use nebulizer atrovent and albuterol – observe/monitor student closely 4. If no relief in 15-20 minutes call parents and school nurse 863-6031 x 7030 or cell: 616-690-7100

<p>Signs of an Asthma Emergency</p> <p>Call 911</p> <ul style="list-style-type: none"> • Worsening symptoms despite treatment/inhaler • Difficulty in walking or talking • Appears anxious, nauseous, fatigued, sweating • Blue-gray discoloration of lips and or fingernails • Nasal Flaring • Give rescue breaths if student stops breathing
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As parent/guardian of the above named student, I give permission for use of this health plan in my student's school and for the school nurse to contact the above providers regarding the above condition. Orders are valid through the end of the current school year.

Parent Signature: _____ Date: _____

Nurse Signature: *Andrea St. Charles R.N. BSN* Date: _____