

# Barrow County School System Asthma Student Health Action Plan

|                      |                   |
|----------------------|-------------------|
| Student's name _____ | Birth Date _____  |
| School _____         | School Year _____ |
| Grade _____          | Teacher _____     |

|                               |              |
|-------------------------------|--------------|
| Physician (for Asthma): _____ | Phone: _____ |
| Other Physician(s): _____     | Phone: _____ |

**Identify the things which trigger an asthma episode (Check each that applies to the student.)**

|                                   |                                 |   |  |
|-----------------------------------|---------------------------------|---|--|
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Pollen | <input type="checkbox"/> Respiratory Infections | <input type="checkbox"/> Strong odors or fumes |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Molds  | <input type="checkbox"/> Dust / Chalk dust      | <input type="checkbox"/> Change in temperature |
| Food(s): _____                    |                                 |   |  |
| Other: _____                      |                                 |   |  |

**Frequency of Attacks:** \_\_\_\_\_

**\*\* Daily Medications:**

|          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

**\*\* Emergency Asthma Medications:**

|          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

**Steps to take during an asthma episode:**

1. Give medications as listed above. Student should respond to treatment in 15-20 minutes.  
**NOTE: The parent/guardian is responsible for providing medications to the school.**
2. Tell student to try to relax, take slow deep breaths.
3. Contact parent/guardian if necessary.
4. Call 911 Emergency Line if necessary.

**\*\* Seek emergency medical care if the student has any of the following:**

- \* Coughs constantly
- \* No improvement 15-20 minutes after initial treatment with medication & a relative cannot be reached.
- \* Hard time breathing with:
 

|   |                         |
|---|-------------------------|
| ~ Chest and neck pulled in with breathing | ~ Struggling or gasping |
| ~ Stooped body posture                    | ~ Distended neck veins  |
- \* Trouble walking or talking
- \* Lips or fingernails are gray or blue.
- \* Stops playing and can't start activity again.

**FOR INHALED MEDICATIONS** (check appropriate statement below)

\_\_\_\_ My child \_\_\_\_\_ has been instructed in the proper way to use his/her inhaler. He/she should be allowed to carry and use that inhaler by him/herself.

Student's Name

\_\_\_\_ My child \_\_\_\_\_ should **not** carry his/her inhaler by him/herself.

|                              |      |
|------------------------------|------|
| Parent / Guardian Signature  | Date |
| Physician Signature          | Date |
| School Nurse / Clinic Worker | Date |