

Asthma Management Health Care Plan

Student: _____ D.O.B. _____

Signs of an asthma attack

1. coughing
2. wheezing
3. rapid pulse (120 or greater)
4. labored breathing
5. increased use of accessory muscles of respiration

Possible triggers of asthma

1. environmental pollutants
2. exercise
3. cold air
4. emotions
5. infections

What to do to help prevent an asthma attack:

1. Avoid known triggers if possible.
2. Promote exercise when child is asymptomatic. All activities should be endorsed by the child's physician.
3. Administer maintenance prescription medications.
4. Encourage child to drink plenty of water.

During an asthma attack:

1. Keep calm. Reassure the child.
2. Administer prescription medication for an acute attack.
3. Allow child to assume a position most comfortable for him/her, and encourage relaxation.
4. Have student sip tap water (not cold) slowly for hydration.
5. Instruct child to breathe in deeply, hold his/her breath 1 to 2 seconds, then cough twice—first to loosen the mucous, and second to bring it up.

If condition does not improve:

1. Notify parent and recommend immediate medical care.
2. In severe cases, summon emergency medical services.

Medications:

For maintenance of asthma, my child takes:

_____.

For an acute asthma episode, my child takes:

_____.

He/she will need to have the following medication/s in school:

_____.

About my child:

My child's triggers are:

When he/she is having an asthma attack I know because:

How often does your child have an acute asthma episode?

If my child has had difficulty with asthma the night before school, I will let the school nurse know by:

Does your child carry an inhaler at all times?

Does he/she know how to take the inhaler without assistance?

Does he/she know the amount of time to wait in between doses?

Does your child use a peak flow meter at home?

Would you like to have him/her use a peak flow meter at school?

If he/she uses a peak flow meter in school, when would you like to be notified?

If your child is having difficulty with asthma in school, who would you like us to contact?

1. _____ phone: _____.
2. _____ phone: _____.
3. _____ phone: _____.
4. _____ phone: _____.

Other information I would like you to know about my child includes:

Parent/guardian signature _____ Date _____

School Nurse Signature _____ Date _____