

# Asthma Action Plan

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Program: ERfC

ALLERGY TO: \_\_\_\_\_

## Known asthma triggers:

- Exercise     Pet dander     Mold     Dust     Pollen     Colds     Strong Odors  
 Cold air     Pests

## STEP ONE – TREATMENT:

Exercise Pre-Treatment     Not required     Before activity/sports

Rescue medicine to relieve asthma symptoms: exposure to know trigger, cough, chest tightness, wheezing, shortness of breath.

Give Inhaler \_\_\_\_\_

\_\_\_ Puffs inhaled (by mouth)     every \_\_\_ hours     with spacer

Document administration of inhaler.

## STEP TWO: EMERGENCY CALLS

1. Call 911, if student is getting worse fast, medicine is not improving symptoms, breathing is hard and fast, nose opens wide, student can't talk well or getting nervous.

2. Call Parent/Guardian:

Name/Relationship	Phone #1	Phone #2
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

3. Call ERfC office to report incident

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Health Care Consultant Signature \_\_\_\_\_ Date \_\_\_\_\_