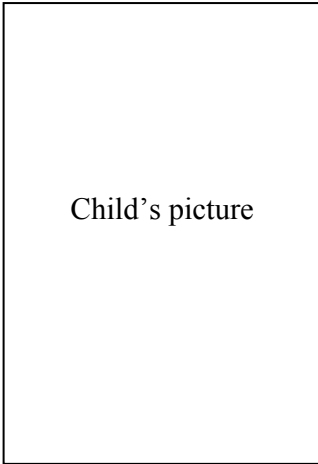


# UTICA COMMUNITY SCHOOLS ASTHMA MANAGEMENT PLAN



Effective Date: \_\_\_\_\_

*To be completed annually by parents/health care team and reviewed with necessary school staff-copies should be kept in the student's classroom and school record.*

Student's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ (health care provider)

Signature

Date

Acknowledged by: \_\_\_\_\_ (parent/guardian)

Signature

Date

Acknowledged by: \_\_\_\_\_ (school rep.)

Signature

Date .

## ◆ CONTACT INFORMATION

Parent #1 Name \_\_\_\_\_ Parent #2 Name \_\_\_\_\_

Parent/Guardian #1: Telephone-Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian #2: Telephone-Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Student's Doctor/Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Notify parent/guardian in the following situations: \_\_\_\_\_

## ◆ TRIGGERS/SYMPTOMS

Respiratory infection     Exposure to cold air     Emotional stress     Odors \_\_\_\_\_

Exercise (describe: e.g., after running) \_\_\_\_\_

Allergic reaction to (describe: e.g., peanuts, carpets) \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

Other Triggers: \_\_\_\_\_

## ◆ MEDICATIONS TO BE GIVEN AT SCHOOL

Medication	Dose/Route	When to use

Child authorized to carry and use inhaler     Authorization for medication form on file

## ◆ PEAK FLOW MONITORING

Student's Readings: RED \_\_\_\_\_ YELLOW \_\_\_\_\_ GREEN \_\_\_\_\_

Monitoring Times: \_\_\_\_\_

## ◆ STEPS TO TAKE DURING AN ASTHMA EPISODE:

1. Allow the student to use his or her prescribed asthma medication.
2. Student should respond to treatment in 15-20 minutes.
3. Encourage student's relaxation (e.g. slow, deep breathing, purse lip breathing.)
4. Notify parent/guardian if: \_\_\_\_\_

◆ Asthmatic Signs and Symptoms:	
1. Tightness in chest	6. Inability to speak in full sentences without taking a breath or only able to whisper
2. Shortness of breath	7. Bluish discoloration of lips, nails, mucous membranes around eyes/gums
3. Coughing for prolonged periods	8. Coughing that causes choking, a bluish color to lips, or persistent vomiting
4. Audible wheeze or unusual sounds	9. Need to stand or lean over at waist
5. Anxious appearance	10. Decreased level of consciousness

**◆ ACTION PLAN FOR ACUTE ASTHMA ATTACK**

**1. ADMINISTER EMERGENCY ASTHMA MEDICATIONS**

Medication is to be carried by student at all times, with extra dose in \_\_\_\_\_.

\*Authorization for medication form must be on file

Medication	Dose/Route	When to use

**2. Call for emergency medical care (EMS/9-1-1) if the student has any of the following:**

- Coughs constantly
- No improvement 15-20 minutes after initial treatment with medication and a relative cannot be reached
- Hard time breathing with:
  - Chest and neck pulled in with breathing
  - Stooped body posture
  - Struggling or gasping
- Trouble walking or talking
- Stops playing and can't start activity again
- Lips or fingernails are gray or blue

**If you want additional help given, or have other concerns, describe here:**

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**◆ TRANSPORTATION**

Special Needs Medical Information Form Completed?    Yes    No  
 Additional medication or supplies needed for bus?    Yes    No