

# Fulton City School District

## Asthma Student Action Information

### General Information

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Teacher \_\_\_\_\_ Room \_\_\_\_\_ Grade \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

### Emergency and Physician Contacts

Emergency Contact #1 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency Contact #2 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency Contact #3 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Physician for Asthma Treatment \_\_\_\_\_ Phone \_\_\_\_\_  
Other Physician \_\_\_\_\_ Phone \_\_\_\_\_

### Daily Asthma Management Plan

Identify things that start asthma episode (check all that apply)

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Exercise               | <input type="checkbox"/> Strong odors or fumes | <input type="checkbox"/> Molds            | <input type="checkbox"/> Foods #1 _____ |
| <input type="checkbox"/> Respiratory infections | <input type="checkbox"/> Chalk dust            | <input type="checkbox"/> Windy conditions | <input type="checkbox"/> Foods #2 _____ |
| <input type="checkbox"/> Change in temperature  | <input type="checkbox"/> Carpets               | <input type="checkbox"/> Air pollution    | <input type="checkbox"/> Other #1 _____ |
| <input type="checkbox"/> Animals                | <input type="checkbox"/> Pollens               |   | <input type="checkbox"/> Other #2 _____ |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Control measures for school environment (list pre-medications, dietary restrictions, and environmental control to prevent asthma episode).

\_\_\_\_\_

Peak Flow Monitoring      Peak flow number \_\_\_\_\_      Monitoring times \_\_\_\_\_

## Daily Medication Plan

	Name	Dosage	Time to use
1.			
2.			
3.			
4.			

## Emergency Treatment Plan

Emergency action is necessary when the student has symptoms such as shortness of breath, persistent cough, wheezing, or has peak flow reading of \_\_\_\_\_.

### Steps to take during Asthma episode

1. Give medication listed below.
2. Have student return to classroom if breathing easily.
3. Contact parent
  - ✓ Immediately if severe respiratory distress
  - ✓ Ant time treatment has been given, notify parents before child goes home from school
  - ✓ Other parental instructions
4. Seek medical care if student has any of the following: **GET EMERGENCY HELP NOW!!**
  - ✓ No improvement 15-20 minutes after initial treatment and a relative cannot be reached.
  - ✓ Peak flow of \_\_\_\_\_
  - ✓ Hard time breathing with:
    - Chest and neck pulled in with breathing
    - Child hunched over
    - Child is struggling to breathe
  - ✓ Difficulty walking
  - ✓ Unable to talk in two or three words without struggling to breathe or hard to understand or hear words
  - ✓ Stops playing and cannot start activity again
  - ✓ Lips or fingernails are gray or blue **GET EMERGENCY HELP NOW!!**

### Emergency asthma medications

	Name	Dosage	Time to use
1.			
2.			
3.			
4.			

Special instructions: \_\_\_\_\_  
\_\_\_\_\_

- Physician's order on file to self-carry.

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