

Kansas Asthma Action Plan

Student Name: _____ Date of Birth ____ / ____ / ____ Grade: _____

~~THE ABOVE STUDENT IS DIAGNOSED WITH ASTHMA. THIS FORM WILL ASSIST IN THE MANAGEMENT OF HIS/HER ASTHMA.~~

PLEASE PLACE THIS FORM IN THE STUDENT'S MEDICAL FILE

Parent/Guardian Name: _____ Number where can be reached: (____ _____)

Student's Primary Care Provider: _____ ~~Dr.~~ _____

Daily Medication Plan

This is the student's daily medicine plan: <input type="radio"/> The student has no asthma symptoms. <input type="radio"/> The student can do usual activities. <input type="checkbox"/> The student can sleep without symptoms.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Medicine/Dose</th> <th style="text-align: left; border-bottom: 1px solid black;">When to Give it</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px 5px;"> <input type="radio"/> Albuterol/Xopenex inhaler 2 sprays <input type="checkbox"/> Albuterol/Xopenex solution 1 dosage </td> <td style="padding: 2px 5px;"> OR Every 4-6 hours as needed for wheezing/cough </td> </tr> <tr> <td style="padding: 2px 5px;"> <input type="checkbox"/> _____ <input type="checkbox"/> Albuterol/Xopenex inhaler 2 sprays </td> <td style="padding: 2px 5px;"> OR nebulizer treatment 15-20 minutes before exercise, only if needed </td> </tr> </tbody> </table>	Medicine/Dose	When to Give it	<input type="radio"/> Albuterol/Xopenex inhaler 2 sprays <input type="checkbox"/> Albuterol/Xopenex solution 1 dosage	OR Every 4-6 hours as needed for wheezing/cough	<input type="checkbox"/> _____ <input type="checkbox"/> Albuterol/Xopenex inhaler 2 sprays	OR nebulizer treatment 15-20 minutes before exercise, only if needed
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Asthma Emergency Plan-What to do for increased asthma symptoms

Do this first when asthma symptoms occur:	Have the student take Albuterol inhaler 2 sprays OR one nebulizer treatment every 20 minutes up to 3 times. This is a test dose to see if the student's asthma improves with Albuterol.	Trigger List: <input type="checkbox"/> Chalk Dust <input type="checkbox"/> LI Cigarette Smoke <input type="checkbox"/> Colds/Flu <input type="checkbox"/> Dust or dust mites <input type="checkbox"/> Stuffed animals <input type="checkbox"/> Carpet <input type="checkbox"/> U Exercise <input type="checkbox"/> LI Mold <input type="checkbox"/> Ozone alert days <input type="checkbox"/> Pests <input type="checkbox"/> Pets <input type="checkbox"/> Plants, flowers, cut grass, pollen <input type="checkbox"/> Strong odors, perfume, cleaning products <input type="checkbox"/> Sudden temperature change <input type="checkbox"/> Wood smoke <input type="checkbox"/> Foods:
What to do Next:	When to Do it:	
<input type="checkbox"/> LI Have the student return to the classroom. <input type="checkbox"/> LI Notify parents of students need for a quick relief medicine.	Good Response to Test Dose of Albuterol <ul style="list-style-type: none"> The student's symptoms improve after 1-2 treatments. The student no longer has symptoms (wheezing, coughing, shortness of breath, chest tightness.) Student may continue Albuterol/Xopenex every 4 hours for 24-48 hours. 	
<input type="checkbox"/> Contact the parent or guardian. <input type="checkbox"/> Contact the PCP for step-up medicine. <input type="checkbox"/>	Incomplete Response to Test Dose of Albuterol <ul style="list-style-type: none"> The student is experiencing mild to moderate symptoms (wheezing, coughing shortness of breath, chest tightness) after taking 3 treatments. The student cannot do normal school activities. 	
<input type="checkbox"/> Seek emergency medical care in most locations, call 911. <input type="checkbox"/> Call the PCP <input type="checkbox"/>	Poor Response to Test Dose of Albuterol <ul style="list-style-type: none"> The student does not feel better 20-30 minutes after taking the Albuterol. The student has severe symptoms (coughing; extreme shortness of breath; skin reactions between the ribs or at the neck). The student has trouble walking or talking. The student's lips or fingernails are blue. The student is struggling to breathe. 	
<input type="checkbox"/> NOTE: Wheezing may be absent because air cannot move out of the airways.		
		<input type="checkbox"/> U Other:

Signature of Parent/Guardian _____

Date

Signature of Physician _____

Date

PERMISSION TO CARRY ASTHMA INHALERS/EPIPENS

TO BE COMPLETED BY THE PHYSICIAN: The above-named student has been instructed in the proper use of their asthma inhaler/emergency medication. The child's well-being is in jeopardy unless this medication is carried on his/her person. Therefore, I request that he/she be permitted to carry the asthma inhaler/emergency medication at school. He/she understands the purpose, appropriate method, and frequency of use of the asthma inhaler/emergency medication.

NAME OF MEDICATION: _____ PHYSICIAN'S SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY THE PARENT/GUARDIAN: I permit my child to carry the above-listed asthma inhaler/emergency medication as ordered by his/her physician.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY SCHOOL NURSE: Kansas law now permits students to carry and use inhaled medications after demonstrating appropriate use to school nurse. This student demonstrates knowledge / skill to carry and use the above listed asthma inhaler.

SCHOOL NURSE SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY STUDENT: I have been instructed in the proper use of my medication and will take it as prescribed to me by my physician.

STUDENT'S SIGNATURE: _____ DATE: _____