PICKERINGTON LOCAL SCHOOL DISTRICT

Student Asthma Action Card

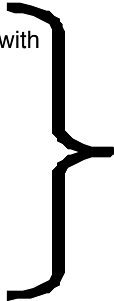
Name:	Grade	Homeroom	Age
Physician Treating Student for Asthma:		Phone:	
Other Physician:		Phone:	

EMERGENCY PLAN:

Emergency action is necessary when the student has symptoms such as, ______________________, __________________,

________________________, __________________________, or has a peak flow reading of ________________________.

- **Steps to take during an asthma episode:**
  1. Check peak flow. ❑Yes OR ❑ No
  2. Give medications as listed below. Student should respond to treatment in 15-20 minutes.
  3. Contact parent/guardian if ____
  4. Recheck peak flow.
  5. Seek emergency medical care 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.
     - ✓ Peak flow of ________________________
     - ✓ 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 This Happens Get Emergency Help Now!

- **Emergency Asthma Medications:** (Must have physician order for prescription meds.)

Name of Medication	Amount/Dosage	When to Use
1.		
2.		
3.		

DAILY ASTHMA MANAGEMENT PLAN:

Identify the things which start an asthma episode (Check each that applies to the student).

	Exercise		Animals		Food:	Other Comments:
	Respiratory infections		Strong odors or fumes		Pollens	
	Change in Temperature		Chalk dust / dust		Molds	

- **Peak Flow Monitoring:** Uses peak flow? ❑yes OR ❑no Personal Best Peak Flow number: ____________
- **Daily Medication Plan:**

Name of Medication	Amount/Dosage	When to Use
1.		
2.		
3.		

Comments/special instructions:

____

____

____

I understand, agree, and give permission to share the health care plan with the appropriate staff.

____

Parent/Guardian Signature ***Date***