School District of the Menomonie Area Asthma Action Plan

Student Name:_____ DOB:_____ School:_____ Grade:_____

Parent/Guardian Name:_____ Phone:_____

Triggers: [ ] Weather (cold air, wind) [ ] Illness [ ] Exercise [ ] Smoke [ ] Dog/Cat [ ] Dust [ ] Mold [ ] Pollen [ ] Other:_____

GREEN ZONE: **PRETREATMENT STEPS FOR EXERCISE** (Health care provider please complete section)

[ ] Give 2 puffs of rescue med (*name)* _____ 15 minutes before activity
(Circle indication: Phys Ed class, exercise/sports, recess) Explanation:_____
[ ] Repeat in 4 hours if needed for additional or ongoing physical activity

YELLOW ZONE: **SICK - UNCONTROLLED ASTHMA** (Health care provider complete dosing for rescue medication)

IF YOU SEE THIS:	**DO THIS:**
• Difficulty breathing • Wheezing • Frequent cough • Complains of chest tightness • Unable to tolerate regular activities but still talking in complete sentences • Other:	• Stop physical activity • Give rescue med (*name)*:_____ Dose:_____ [ ] Via Inhaler [ ] Via Nebulizer • If no improvement in 10-15 minutes, repeat use of rescue med: Dose:_____ [ ] Via Inhaler [ ] Via Nebulizer • If student's symptoms do not improve or worsen, call 911 • Stay with student and maintain sitting position • Call parents/guardians and district nurse • Student may resume normal activities once feeling better

- If there is **no rescue medication at school:** ➢ **Follow district protocol to administer stock albuterol if available**
  - ➢ Call parents/guardians to pick up student and/or bring inhaler/medications to school
  - ➢ Inform them that if they cannot get to school, 911 may be called

RED ZONE: **EMERGENCY SITUATION** (Health care provider please complete dosing for rescue medication)

IF YOU SEE THIS:	**DO THIS IMMEDIATELY:**
• Coughs constantly • Struggles or gasps for breath • Trouble talking (can speak only 3-5 words) • Skin of chest and/or neck pull in with breathing • Lips or fingernails are gray or blue • ↓ Level of consciousness	• Give rescue med (*name)*:_____ Dose:_____ [ ] Via Inhaler [ ] Via Nebulizer • Call 911 Inform attendant the reason the call is asthma • Repeat use of rescue med if student not improving in 10-15 minutes: Dose:_____ [ ] Via Inhaler [ ] Via Nebulizer • Call parents/guardians and district nurse • Encourage student to take slower, deeper breaths • Stay with student and remain calm • *School personnel should not drive student to hospital*

INSTRUCTIONS for RESCUE INHALER USE: (HEALTH CARE PROVIDER: PLEASE CHECK APPROPRIATE BOX(ES):

[ ] Student understands the proper use of his/her asthma medications, and in my opinion, can carry and use his/her inhaler at school independently.
[ ] Student uses spacer with inhaler
[ ] Student is to notify his/her designated school health officials after using inhaler
[ ] Student needs supervision or assistance to use his/her inhaler If not self carry, the inhaler is located:_____
[ ] Other instructions:_____
[ ] Student has life threatening allergy, the epinephrine autoinjector is located:_____

_____ _____ _____
HEALTH CARE PROVIDER SIGNATURE **PLEASE PRINT PROVIDER'S NAME** **DATE**

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our physician. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring device. I approve of this Asthma Action Plan for my child.

_____ _____
PARENT SIGNATURE **DATE**