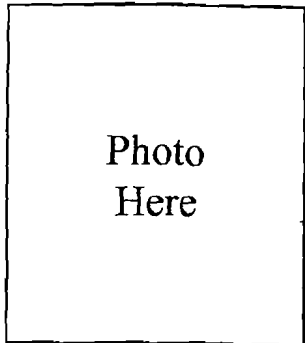


STUDENT ASTHMA ACTION CARD



Name _____
Teacher _____ Age _____

1) EMERGENCY CONTACTS:

(Mother) _____ Phone (H) _____ (W) _____

(Father) _____ Phone (H) _____ (W) _____

Other _____ Relationship _____ Phone _____

Family Doctor _____ Office Phone _____

Asthma Specialist _____ Office Phone _____

2) Student Personal Asthma Triggers

Cats Dogs Pollen Molds

Dust/dust mites Cold air Chalk dust Fumes

Foods
(list below) Chest infections Humidity Smoke

Other: _____

3) Asthma Medications:

| Medication | Drug Action | Dose | When to use | Common Side Effects |
|------------|-------------|------|-------------|---------------------|
| | | | | |
| | | | | |
| | | | | |
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What to do for Asthma Episodes:

- a) Give inhaler _____ puffs
- b.) Allow student to stop activity and rest. (Do not insist the student lie down)
Remain calm to reduce the student anxiety. If possible stay or have someone stay with the student until the student improves.
- b) Contact parents and school office if the episodes are occurring frequently or a single episode is not relieved promptly. This generally implies the asthma is getting worse and the child should see the doctor.

Get Emergency Help if the Student has ANY of the Following Symptoms:

- no relief in _____ minutes after using their inhaler
- showing signs of difficulty breathing or struggling to breathe despite medications
- difficulty talking
- lips and fingernails are grey or bluish in color
- other _____

Special
Instructions: _____

Recommendation for Inhaled Medication:

_____ has demonstrated proper use and inhaler technique and should be
(Name of Student) allowed to carry and use his/her asthma inhaler(s) by himself/herself.

_____ will need assistance with his/her asthma inhaler(s) and should be
(Name of Student) kept by the school teacher or personnel but must be given immediately for asthma symptoms.

Physician signature

Date

Parent signature

Date