



School Asthma Action Plan-1

COLUMBIA PUBLIC SCHOOLS

Administration Building • 1818 W. Worley Street • Columbia, MO 65203

Student Name:
Teacher/Team:

School:

Student Number:

1. Triggers that might start an asthma episode for this student

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Animal Dander | <input type="checkbox"/> Cigarette smoke, strong smells | <input type="checkbox"/> Cockroaches | <input type="checkbox"/> Emotions (when upset) |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Food Allergy | <input type="checkbox"/> Irritants | <input type="checkbox"/> Molds |
| <input type="checkbox"/> Pollens | <input type="checkbox"/> Respiratory Infections | <input type="checkbox"/> Temperature Changes | |
| <input type="checkbox"/> Other _____ | | | |

2. Control of the school environment

_____ Environmental measures to control triggers at school _____
_____ Pre-medications (prior to exercise, choir, band, etc.) _____
_____ Dietary restrictions _____

3. Peak flow monitoring

_____ Monitor FEV1 or peak flow:
Personal best peak flow _____ Monitoring times _____

4. Routine asthma and allergy medication schedule

Medication Name	Dose/Frequency	When to Administer	
		At Home	At School

5. Field trips - Asthma medications and supplies must accompany student on all field trips. A staff member must be instructed on correct use of the asthma medications and bring a copy of the Asthma Action Plan and contact phone numbers.

Parent Contact: _____

Parent Number: _____

Emergency Contact: _____

Emergency Number: _____



School Asthma Action Plan-2

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Student Name: _____ Student Number: _____

****Immediate action is required when the student exhibits shortness of breath and any one of the following signs of respiratory distress. Always treat symptoms even if a FEV1 or peak flow meter is not available.**

Severe cough	Agitation	Sucking in of the chest wall	Difficulty breathing when walking
Chest tightness	Pulse > 120	Shallow, rapid breathing	Difficulty breathing when talking
Wheezing	Rapid, labored breathing	Blueness of fingernails & lips	Decreased or loss of consciousness
Prefers sitting	O2 saturation < 90%	FEV1 or PEF < 70% predicted	

Steps to Take During an Asthma Episode

1. Call EMS (911) if the student does not respond to a repeat of his/her initial quick relief medication and continues to exhibit shortness of breath and one or more of the above signs of respiratory distress.
2. Notify parent that EMS has been notified and protocol has been initiated.

Parent Consent for Management of Asthma at School

I, the parent or guardian of the above named student, request that this School Asthma Action Plan be used to guide asthma care for my child. I agree to:

1. Provide all necessary personal medications and supplies (tubing, mask, spacer, etc.).
2. Notify the school nurse of any changes in the student's health status.
3. Allow school nurse to inform appropriate school staff interacting directly with my child of his/her respiratory needs while at school.

Parent/Legal Guardian Signature _____ Date _____

Reviewed by School Nurse _____ Date _____

Teachers: If you have any information that would warrant consideration for special education and related services, in addition to the Individual Health Plan or other mitigating measures being implemented, contact the nurse to submit a referral under IDEA or Section 504.