

# Ocean Springs School District Asthma History and Action Plan

Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

**CURRENT MEDICATION PROFILE:**

Drug Name: \_\_\_\_\_ Amount: \_\_\_\_\_ How Often: \_\_\_\_\_

Drug Name: \_\_\_\_\_ Amount: \_\_\_\_\_ How Often: \_\_\_\_\_

Drug Name: \_\_\_\_\_ Amount: \_\_\_\_\_ How Often: \_\_\_\_\_

Medication side effects: \_\_\_\_\_

**DESCRIPTIONS / SYMPTOMS:**

Please rate the severity of your asthma (**1 mild, 10 Severe**): \_\_\_\_\_

Identify the things that trigger an asthma episode:

(Check each that applies to <<First Name>>)

Bee/Insect Sting     Animals     Latex     Exercise     Strong Odors

Dust Mites     Molds     Pollen     Chalk Dust     Respiratory Infections

Change in Temperature     Smoke

Food: \_\_\_\_\_ Other: \_\_\_\_\_

List any environmental control measures, pre-medications, and/or dietary restrictions that you need to prevent an asthma attack: \_\_\_\_\_

**PEAK FLOW MONITORING (If used):**

Personal Best Peak Flow Reading: \_\_\_\_\_

Monitoring Times (If used): \_\_\_\_\_

\*\*\*\*\*

**ASTHMA HISTORY:**

Age when diagnosed: \_\_\_\_\_ Date of last asthma episode: \_\_\_\_\_

Any Activity Restrictions: \_\_\_\_\_

How many times have you been hospitalized in the past year? \_\_\_\_\_

How many times have you been treated in the ER for asthma in the past year? \_\_\_\_\_

Additional steps to take during an asthma episode: \_\_\_\_\_

What do you do at home to relieve an asthma episode: \_\_\_\_\_

**ACTION: STEPS TO TAKE DURING AN ASTHMA EPISODE**

1. Check peak flow reading and/or pulse oximetry reading
2. Give medications as prescribed by the doctor and provided by parent
3. Assess for decreased symptoms and/or increased peak flow reading, or pulse oximetry reading
4. Allow child to rest
5. Contact parent/guardian if condition worsens or medication ineffective
6. Seek emergency medical care (911) if I have any one of the following:

No improvement minutes after initial treatment.

Complains of a hard time breathing with and chest and neck pulled in with breathing

I am hunched over

I am struggling to breathe

Trouble walking or talking

Stops playing and cannot start activity again

Lips or fingernails are gray or blue.

**Peak Flow at or below:** \_\_\_\_\_ **Pulse Oximetry reading at or below:** \_\_\_\_\_

Emergency action (911) is necessary for the following symptoms: \_\_\_\_\_

**Physician and parent/guardian must complete a Medication Permission form for each medication to be given at school during an asthma episode. Medication must be in the original container with a pharmacy label and brought to school by an adult.**

**If student will carry the inhaler a separate form must be completed as well.**

**Please see your school nurse.**

**EMERGENCY CONTACTS:**

1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**IF NO CONTACT IS MADE WITH EITHER EMERGENCY CONTACT LISTED ABOVE WITHIN A REASONABLE AMOUNT OF TIME FROM THE BEGINNING OF THE ASTHMA EPISODE 911 WILL BE CALLED!**