OFFICE OF CATHOLIC SCHOOLS DIOCESE OF CHARLESTON ASTHMA ACTION PLAN

CSO/15-H3

PROCEDURES ON REVERSE

PART I TO BE CO	OMPLETED BY PA	ARENT:									
Student		DOB	School		Grade						
Emergency Contact	Relationship			Phone							
What triggers your child's ast	hma attack: (Check a	ll that apply)									
	Cigarette or other smo		□ Food								
	Exercise		\square Allergies	□ cat □ dog □ du	st \square mold \square pollen						
☐ Weather changes ☐	Chemical odors		☐ Other								
Describe the symptoms your c	child experiences before	re or during an									
□ Cough □	"Tightness" in chest		□ Rubbing ch								
	Breathing hard/fast		☐ Feeling tire								
	Runny nose										
PART II TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER: The child's each region of provident and provident of provident											
The child's asthma is: mild persistent moderate persistent severe persistent EXERCISE-INDUCED											
	Symptoms Peak Flow Treatment (For medication administered during school sanctioned activities, complete appropriate Inhaler/ Medication Authorization form)										
No cough or wheezeAble to sleep through the	GREEN ZONE	Controller		How much	When						
night	WELL	□ Advair	1 \								
Able to run and play	>	☐ Flovent (with ☐ Pulmicort	n spacer)								
Usual medications control asthma		□ Funncont □ Singulair									
usumu		□ Serevent									
		□ Other									
		Relievers									
		☐ Albuterol (w	rith spacer/nebulizer)	2 puffs 1 minute apart prn	☐ 20 min before exercise						
		☐ Other									
Increased asthma symptoms (shortness of breath, cough, chest pain) Wakes at night due to asthma Unable to do usual activities Needs reliever medications more often	YELLOW ZONE SICK to	1. Continue daily controller medications 2. Give albuterol 2-4 puffs (one minute between puffs) with spacer or 1 nebulizer treatment, wait 20 min. If no improvement, repeat 2-4 puffs. Wait 20 minutes. If no improvement, repeat 2-4 puffs. This will be 3 doses in one hour, proceed to 3 3. If child returns to Green Zone: Continue to give albuterol 2 puffs every 4 hours for 1 to 2 more days Increase controller to									
Very short of breath, difficulty breathing Constant cough Reliever medications do not help	RED ZONE EMERGENCY!	Give albuterol (2 puffs with spacer) NOW, and repeat every 20 minutes for 2 more doses OR give 1 dose nebulized albuterol – Call your doctor Seek emergency care or call 911 if: Child is struggling to breathe and there is no improvement 20 minutes after taking albuterol Trouble talking or walking Lips or fingernails are gray or blue Chest or neck is pulling in with breathing									
the inhaler with them, co	form procedure alone and sonsult school nurse for local			tudent is able to perform procedure tudent requires a staff member to p							
Notify health care provider if: ☐ More than 2 absences related to asthma per month ☐ Albuterol is being used as a rescue medication 2 times per week at school				he child is persistently in the Yello	w Zone □ Current school year						
Licensed Health Care Pr	Date Phone			- Current sensor year							
I approve this Asthma Action Plan if adults who have custodial care of m assume full responsibility for provide	y child and who may need	d to know this infor	rmation to maintain my c	hild's health and safety and contac							

Date

Parent Signature

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PART III TO BE COMPLETED BY PRINCIPAL OR REGISTERED NURSE									
Student	School			Teacher/Grade				_	
Parent/Caregiver	Phone (H)			Phone (W)	Ph	Phone (Cell)			
Physician				_ Office phon	e number			_	
ASTHMA ACT	TION PLAN C	CHECK	LIST	FOR SCH	OOL PERSONNE	<u>CL</u>			
 Asthma Action Plan Part I are Medication authorization completed Inhaler authorization completed Medication maintained in school Medication self carried Expiration date of medication Staff trained in medication are 	mplete ete hool designated n (s)				yes yes yes yes yes	no no no no		n/a n/a	
Start trained in medication atCopies of plan provided to:		yes	no	n/a	yes After school	no yes	no	n/a	
	Athletic	yes	no	n/a	Food service	yes	no	n/a	
IF YOU SEE THIS: Complains of chest tightnes	IMMEDIATE ss	ACTI		THIS: 1. Stop acti					
Coughing Difficulty breathing Wheezing				 Give one puff of rescue inhaler Wait at least 1 minute Give second puff of rescue inhaler Allow student to rest If no improvement in 15 minutes, repeat steps 2-4 If symptoms worsen call 911 and parents/emergency contact 					
IF YOU SEE THIS			DO	THIS IMM	MEDIATELY				
Coughs constantly Struggles or gasps for breat Chest and neck pull in with Stooped over posture Trouble walking or talking Lips or fingernails are gray	breathing			 Call 911 Give res 		ntact			
Full Asthma Action Plan has been	implemented	l.							
Principal or Registered Nurse				Date			_		