

**ASTHMA ACTION PLAN**  
**Physician Signature Required**

NAME/ \_\_\_\_\_ GRADE \_\_\_\_\_ DATE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATION \_\_\_\_\_ PHONE \_\_\_\_\_

**Severity Classification**

Intermittent     Moderate Persistent     Mild Persistent     Severe Persistent

**Triggers**

Colds     Smoke     Weather     Exercise     Dust     Air Pollution     Animals     Food

Other \_\_\_\_\_

**If triggered by exercise**

1. Premedication (how much and when) \_\_\_\_\_

2. Exercise modifications \_\_\_\_\_

An asthma emergency may be characterized by a student struggling to breathe, having difficulty talking or being unable to speak, having retractions (skin between ribs sinks in with each breath), or if the lips or nails turn blue or gray.

**SHOULD AN ASTHMA EMERGENCY OCCUR, THE FOLLOWING ACTION SHOULD BE ATTEMPTED:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER MEDICATIONS STUDENT IS TAKING:**

Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_

Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_

Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**Physician Signature** \_\_\_\_\_

**Physician/Healthcare Provider** \_\_\_\_\_ **PHONE** \_\_\_\_\_