



# School Asthma Action Plan-Part I

**COLUMBIA PUBLIC SCHOOLS**  
*Administration Building • 1818 W. Worley Street • Columbia, MO 65203*

**Student Name:** \_\_\_\_\_ **Teacher/Team:** \_\_\_\_\_

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

- Exercise     Animal dander     Cigarette smoke, strong odors     Respiratory infections
- Pollens     Temperature changes     Foods \_\_\_\_\_     Emotions (e.g. when upset)
- Molds     Irritants (e.g. chalk dust)     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 Peak Flow:  
           Personal Best Peak Flow \_\_\_\_\_ Monitoring Times \_\_\_\_\_  
 \_\_\_\_\_ Do Not Monitor Peak Flow

**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 to contact \_\_\_\_\_

Phone numbers \_\_\_\_\_

Other person to contact in emergency \_\_\_\_\_

Phone numbers \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by the School Nurse: \_\_\_\_\_ Date \_\_\_\_\_



**School Asthma  
Quick Relief &  
Emergency Plan-Part II**

**COLUMBIA PUBLIC SCHOOLS**  
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**Student Name:** \_\_\_\_\_ **Teacher/Team:** \_\_\_\_\_

**\*\*Immediate action is required when the student exhibits any of the following signs of respiratory distress. Always treat symptoms even if a peak flow meter is not available.**

- |                 |                          |                                |                                    |
|-----------------|--------------------------|--------------------------------|------------------------------------|
| Severe cough    | Shortness of Breath      | Sucking in of the chest wall   | Difficulty walking from breathing  |
| Chest tightness | Turning blue             | Shallow, rapid breathing       | Difficulty talking from breathing  |
| Wheezing        | Rapid, labored breathing | Blueness of fingernails & lips | Decreased or loss of consciousness |

**Steps to Take During an Asthma Episode**

**1. Give emergency asthma medications as indicated below**

Quick Relief Medications	Dose/Frequency	When to Administer
1.		
2.		

**2. Contact parents if** \_\_\_\_\_

**3. Call \_\_\_\_\_ to activate EMS if the student has ANY of the following:**

- Lips or fingernails are blue or gray
- Student is too short of breath to walk, talk, or eat normally
- No relief from medication within 15-20 minutes with any of the following signs
  - Chest and neck pulling in with breathing
  - Child is hunching over
  - Child is struggling to breathe

**Physician signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***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 necessary supplies and equipment.
2. Notify the school nurse of any changes in the student's health status.
3. Notify the school nurse and complete new consent for changes in orders from the student's health care provider.
4. Authorize the school nurse to communicate with the primary care provider/specialist about asthma/allergy as needed.
5. School staff interacting directly with my child may be informed about his/her special needs while at school.

Parent/Legal Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by School Nurse \_\_\_\_\_ Date \_\_\_\_\_