

Montana Student Asthma Action Plan

Student _____ Nurse/Emergency Staff _____ Phone #: _____ Fax # _____
 Teacher _____ Parent/Guardian: _____ Phone #: _____
 Student's primary healthcare provider: _____ Phone #: _____ Fax # _____

Routine Care

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

- Exercise Animals Smoke, strong odors Respiratory infections
 Pollen Temperature changes Emotions Bus/vehicle exhaust
 Molds Irritants (e.g. chalk dust) Other _____

2. Environmental measures to control triggers at school _____

3. Pre-treatment to prevent exercise induced asthma

Medication Name	Dose/Frequency	When to administer
		_____ minutes prior to activity

- Student self carries medication Medication is stored _____

4. Controller asthma medications (Advair, Flovent, Asmanex etc.)

Controller Medication	Dose/Frequency	Administered	
		<input type="checkbox"/> At home	<input type="checkbox"/> At school
		<input type="checkbox"/> At home	<input type="checkbox"/> At school

5. Field Trips: Asthma Medications and supplies must accompany student on all field trips. Staff member must be instructed on correct use of the asthma medications and bring a copy of the Asthma Action Plan.

6. Trained staff: The following staff are trained to help students administer asthma medications: Name _____ Date _____
 Name _____ Date _____

Emergency Care

If student is coughing, wheezing, short of breath or has chest tightness:

1. Give Emergency Asthma medications as listed below:

Quick Relief Medication	Dose/Frequency	When to Administer

- Student self carries medication Medication is stored _____
 Back-up medication is stored _____

2. Speak calmly and reassuringly. Help student walk to warm, quiet place away from triggers to sit upright and relax. If symptoms persist after 10 minutes, re-administer quick relief inhaler.

3. Seek help from school nurse or designated emergency staff if:

- Inhaler not helping
- Breathing hard and fast
- Nostrils wide open
- Can't walk or talk well

Nurse or emergency staff: _____ Room #: _____ Phone #: _____

4. Call _____ to activate EMS if any of the following:

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

5. Notify parent and primary healthcare provider

Reviewed by parent/guardian _____ Date _____
 Reviewed by school nurse/emergency staff _____ Date _____
 Reviewed by student's primary healthcare provider _____ Date _____