

# Kansas Asthma Action Plan

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

THE ABOVE STUDENT IS DIAGNOSED WITH ASTHMA. THIS FORM WILL ASSIST IN THE MANAGEMENT OF HIS/HER ASTHMA.  
PLEASE PLACE THIS FORM IN THE STUDENT'S MEDICAL FILE

Parent/Guardian Name: \_\_\_\_\_ Number where can be reached: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Student's Primary Care Provider: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Daily Medication Plan

<p>This is the student's daily medicine plan:</p> <ul style="list-style-type: none"> <li>The student has no asthma symptoms.</li> <li>The student can do usual activities.</li> <li>The student can sleep without symptoms.</li> </ul>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;">Medicine/Dose</th> <th style="text-align: center; border-bottom: 1px solid black;">When to Give it</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> <input type="checkbox"/> Albuterol/Xopenex inhaler 2 sprays    OR                                <input type="checkbox"/> Albuterol/Xopenex solution 1 dosage                         </td> <td style="padding: 5px;">Every 4-6 hours <b>as needed</b> for wheezing/cough</td> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> _____  <input type="checkbox"/> _____                         </td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> Albuterol/Xopenex inhaler 2 sprays    OR                            </td> <td style="padding: 5px;">nebulizer treatment 15-20 minutes before exercise, <b>only if needed</b></td> </tr> </tbody> </table>	Medicine/Dose	When to Give it	<input type="checkbox"/> Albuterol/Xopenex inhaler 2 sprays    OR <input type="checkbox"/> Albuterol/Xopenex solution 1 dosage	Every 4-6 hours <b>as needed</b> for wheezing/cough	<input type="checkbox"/> _____ <input type="checkbox"/> _____	_____	<input type="checkbox"/> Albuterol/Xopenex inhaler 2 sprays    OR	nebulizer treatment 15-20 minutes before exercise, <b>only if needed</b>
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## Asthma Emergency Plan-What to do for increased asthma symptoms

<p>Do this <b>first</b> when asthma symptoms occur:</p>	<p>Have the student take Albuterol inhaler 2 sprays OR one nebulizer treatment every 20 minutes up to 3 times. This is a <b>test dose</b> to see if the student's asthma improves with Albuterol.</p>	<p><b>Trigger List:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Chalk Dust</li> <li><input type="checkbox"/> Cigarette Smoke</li> <li><input type="checkbox"/> Colds/Flu</li> <li><input type="checkbox"/> Dust or dust mites</li> <li><input type="checkbox"/> Stuffed animals</li> <li><input type="checkbox"/> Carpet</li> <li><input type="checkbox"/> Exercise</li> <li><input type="checkbox"/> Mold</li> <li><input type="checkbox"/> Ozone alert days</li> <li><input type="checkbox"/> Pests</li> <li><input type="checkbox"/> Pets</li> <li><input type="checkbox"/> Plants, flowers, cut grass, pollen</li> <li><input type="checkbox"/> Strong odors, perfume, cleaning products</li> <li><input type="checkbox"/> Sudden temperature change</li> <li><input type="checkbox"/> Wood smoke</li> <li><input type="checkbox"/> Foods: _____</li> <li><input type="checkbox"/> Other: _____</li> </ul>
<b>What to do Next:</b>	<b>When to Do it:</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Have the student return to the classroom.</li> <li><input type="checkbox"/> Notify parents of students need for a quick relief medicine.</li> </ul>	<p style="text-align: center;"><b>Good Response to Test Dose of Albuterol</b></p> <ul style="list-style-type: none"> <li>The student's symptoms improve after 1-2 treatments.</li> <li>The student no longer has symptoms (wheezing, coughing, shortness of breath, chest tightness.)</li> <li>Student may continue Albuterol/Xopenex every 4 hours for 24-48 hours.</li> </ul>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Contact the parent or guardian.</li> <li><input type="checkbox"/> Contact the PCP for step-up medicine.</li> <li><input type="checkbox"/> _____</li> </ul>	<p style="text-align: center;"><b>Incomplete Response to Test Dose of Albuterol</b></p> <ul style="list-style-type: none"> <li>The student is experiencing mild to moderate symptoms (wheezing, coughing shortness of breath, chest tightness) after taking 3 treatments.</li> <li>The student cannot do normal school activities.</li> </ul>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Seek emergency medical care in most locations, call 911.</li> <li><input type="checkbox"/> Call the PCP _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> NOTE: Wheezing may be absent because air cannot move out of the airways.</li> </ul>	<p style="text-align: center;"><b>Poor Response to Test Dose of Albuterol</b></p> <ul style="list-style-type: none"> <li>The student does not feel better 20-30 minutes after taking the Albuterol.</li> <li>The student has severe symptoms (coughing; extreme shortness of breath; skin reactions between the ribs <b>or</b> at the neck).</li> <li>The student has trouble walking or talking.</li> <li>The student's lips or fingernails are blue.</li> <li>The student is struggling to breathe.</li> </ul>	

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physician

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**PERMISSION TO CARRY ASTHMA INHALERS/EPIPENS**

**TO BE COMPLETED BY THE PHYSICIAN:** The above-named student has been instructed in the proper use of their asthma inhaler/emergency medication. The child's well-being is in jeopardy unless this medication is carried on his/her person. Therefore, I request that he/she be permitted to carry the asthma inhaler/emergency medication at school. He/she understands the purpose, appropriate method, and frequency of use of the asthma inhaler/emergency medication.

NAME OF MEDICATION: \_\_\_\_\_ PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO BE COMPLETED BY THE PARENT/GUARDIAN:** I permit my child to carry the above-listed asthma inhaler/emergency medication as ordered by his/her physician.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO BE COMPLETED BY SCHOOL NURSE:** Kansas law now permits students to carry and use inhaled medications after demonstrating appropriate use to school nurse. This student demonstrates knowledge / skill to carry and use the above listed asthma inhaler.

SCHOOL NURSE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO BE COMPLETED BY STUDENT:** I have been instructed in the proper use of my medication and will take it as prescribed to me by my physician.

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_