

# Asthma Action Plan



Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mother emergency phone: \_\_\_\_\_ Father emergency phone: \_\_\_\_\_

Primary healthcare provider: \_\_\_\_\_ Emergency phone: \_\_\_\_\_

Asthma specialist: \_\_\_\_\_ Emergency phone: \_\_\_\_\_

**Known triggers for this child's asthma (circle all that apply):**

Animals Colds Excitement Exercise Flowers Grass Dust Mold Smoke Strong odors Tree pollen Weather changes  
Room deodorizers

Foods (specify): \_\_\_\_\_

Other (specify): \_\_\_\_\_

**Activities for which this child has needed special attention in the past (circle all that apply):**

Visiting Animals Outdoors on cold or windy days Smelling fumes from strong odors like paint or household cleansers  
Playing in freshly cut grass Exposure to pesticides Art projects with chalk, glue or fumes Gardening Petting animals  
Sitting on carpets Running hard

Other (specify): \_\_\_\_\_

Personal best reading: \_\_\_\_\_ Reading to give extra dose of meds: \_\_\_\_\_ Reading to get medical help: \_\_\_\_\_

**How often has this child needed urgent care from a doctor for an asthma attack?**

In the past 3 months: \_\_\_\_\_ In the past 12 months: \_\_\_\_\_

Has this child ever been hospitalized for asthmas? Yes No If yes, when? \_\_\_\_\_

**Typical signs and symptoms of the child's asthma episodes? (circle all that apply)**

Breathing faster Difficulty playing, eating, drinking, talking Persistent coughing Gray/blue lips, fingernails  
Restlessness, agitation Chest pain/tightness complaints Face red, pale, swollen Wheezing, sucking in chest/neck  
Dark circles under eyes Fatigue Grunting

**In case of an asthma episode, the following steps will be followed:**

- Have child sit and try to keep calm
- Give medication as prescribed, if available
- If there is no improvement after 15 minutes, or there is an increase in symptoms, CALL M.D. or 911

\_\_\_\_\_ I will provide the school with the child's rescue inhaler or nebulizer medication and equipment to use with medication

\_\_\_\_\_ I will not provide the school with the child's rescue inhaler or nebulizer medication

\_\_\_\_\_ I understand that an asthma episode can be life threatening and could lead to serious illness and/or death without the medication being available to the staff to administer at the onset of the asthma attack

\_\_\_\_\_ My child does not have any prescribed medication

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

Doctor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_