

# ASTHMA ACTION PLAN

## 2020-2021

### SCHOOL ASTHMA ACTION PLAN

This plan is in accordance with new legislation, HB 1688, which passed during the 2001 Texas Legislative Session. This bill allows students to self-administer asthma medications while at school or school functions with permission from parent/guardian and physician.

(To be completed at the beginning of each school year and kept on file with the school office)

Student's Name: \_\_\_\_\_ Classroom \_\_\_\_\_ DOB \_\_\_\_\_  
Teacher's Name \_\_\_\_\_ School Year: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_

Name	Relationship	Phone
Physician student sees for asthma: _____		Phone: _____
Other physician: _____		Phone: _____

### DAILY TREATMENT PLAN DURING SCHOOL

Please list any medications taken daily to manage asthma, including PRN Nebulizer treatments and inhalers.

Name	Purpose	Dosage	When to use
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

These medications are prescribed for the time period \_\_\_\_\_ until \_\_\_\_\_  
Rescue inhaler can be repeated for severe breathing difficulty \_\_\_\_\_ times \_\_\_\_\_ minutes apart.

### Medical Equipment

Please list any medical equipment this student will need to treat his/her asthma at school (i.e. spacer, Nebulizer, O2, etc)

### PHYSICIAN PLEASE INITIAL STATEMENT 1 OR STATEMENT 2

\_\_\_\_ (Statement 1)

I have instructed \_\_\_\_\_ (student's name) in the proper way to use his/her medications. It is my professional opinion that \_\_\_\_\_ (student's name) should be allowed to carry and self-administer any of his/her asthma medications while on school property or at school related events.

\_\_\_\_ (Statement 2)

It is my professional opinion that \_\_\_\_\_ (student's name) should NOT be allowed to carry and self-administer any of his/her asthma medications while on school property or at school related events.

### EMERGENCY PLAN

Emergency action is necessary when this student has symptoms such as:

1. _____	3. _____
2. _____	4. _____

Seek emergency medical care if this student experiences any of the following:

- If no improvement 15-20 minutes after initial treatment with medication and a relative cannot be reached.
- Student exhibits:
  - Chest and neck pulled in with breathing
  - Lips or fingernails turn gray or blue
  - Struggling to breathe
  - Stops playing and cannot start activity again
  - Hunched over while breathing
  - Trouble walking and talking

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date