

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: _____ Address: _____ City, State, Zip: _____ Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____	Parent/Guardian Name: _____ Address: _____ City, State, Zip: _____ Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____
Student's Primary Care Provider: _____	
Phone: (____) _____ - _____	

**Daily Medication Plan**

This is the student's daily medicine plan: <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: left; border-bottom: 1px solid black;"><u>Medicine / Dose</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>When to Give it</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Albuterol/Xopenex inhaler 2 sprays OR</td> <td>Every 4-6 hours <b>as needed</b> for wheezing/cough</td> </tr> <tr> <td><input type="checkbox"/> Albuterol/Xopenex solution 1 dosage</td> <td></td> </tr> <tr> <td><input type="checkbox"/> _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Albuterol/Xopenex inhaler 2 sprays OR nebulizer treatment 15-20 minutes before exercise, <b>only if needed</b></td> <td></td> </tr> </tbody> </table>	<u>Medicine / Dose</u>	<u>When to Give it</u>	<input type="checkbox"/> Albuterol/Xopenex inhaler 2 sprays OR	Every 4-6 hours <b>as needed</b> for wheezing/cough	<input type="checkbox"/> Albuterol/Xopenex solution 1 dosage		<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**

Do this <b>first</b> when asthma symptoms occur:	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.
<b>What to Do Next:</b>	<b>When to Do It:</b>
<input type="checkbox"/> Have the student return to the classroom. <input type="checkbox"/> Notify parents of student's need for quick relief medicine.	<p 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>
<input type="checkbox"/> Contact the parent or guardian. <input type="checkbox"/> Contact the PCP for step-up medicine. <input type="checkbox"/> _____	<p 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 up to 3 treatments.</li> <li>• The student cannot do normal school activities.</li> </ul>
<input type="checkbox"/> Call the PCP _____ <input type="checkbox"/> Seek emergency medical care (in most locations, call 911) <input type="checkbox"/> _____ NOTE: Wheezing may be absent because air cannot move out of the airways.	<p 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 retracts between the ribs or 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