

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 nurse or office of the principal)

Student's Name: _____ Grade: _____ DOB: _____
Teacher's Name: _____ School Year: _____
Parent/Guardian: _____ Campus: _____
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-administrative 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. _____
- 2. _____
- 3. _____
- 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:
 - o Chest and neck pulled in with breathing
 - o Struggling to breathe
 - o Hunched over while breathing
 - * Lips or fingernails turn gray or blue
 - * Stops playing and cannot start activity again
 - * Trouble walking and talking

Physician's Signature

Date