

Hawthorn District #73  
Vernon Hills, Illinois 60061  
**ASTHMA MANAGEMENT PLAN**  
(To be completed by parent - in black ink)

School Year \_\_\_\_\_ to \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Mother \_\_\_\_\_ Phone \_\_\_\_\_ Father \_\_\_\_\_ Phone \_\_\_\_\_

Physician treating student's asthma \_\_\_\_\_ Phone \_\_\_\_\_

**IDENTIFY THE THINGS WHICH MAY START AN ASTHMA EPISODE** (Check all that apply)

- Exercise - types: \_\_\_\_\_
- Respiratory infections, colds                       Seasonal/weather changes - time of year \_\_\_\_\_
- Allergies:     mold                       dust                       pollen                       animals (type) \_\_\_\_\_
- food (type) \_\_\_\_\_                       medication (type) \_\_\_\_\_                       other \_\_\_\_\_

**SYMPTOMS OF AN ASTHMA EPISODE** (Check all that may apply)

- Wheezing     Coughing     Difficulty breathing     Shortness of breath     Other \_\_\_\_\_

**APPROXIMATE FREQUENCY OF ASTHMA EPISODES:** \_\_\_\_\_

**PEAK FLOW MONITORING** (If applicable)

Zones: Green: above \_\_\_\_\_                      Yellow: \_\_\_\_\_ to \_\_\_\_\_                      Red: below \_\_\_\_\_

**PHYSICAL EDUCATION/TEAM SPORTS/RECESS**

- Full participation at all times, no asthma-related restrictions
- Full participation unless symptoms are present or develop
- Participation with the following modifications:
  - Peak flow must be above \_\_\_\_\_
  - Allow student to self-pace
  - Warm-up exercises
  - Short duration aerobic activities, as tolerated
  - Built-in rest periods, as needed
  - Indoor alternative if outside temperature is below \_\_\_\_\_ degrees.
  - Other \_\_\_\_\_

**PREVENTION**

List any environmental control measures, dietary restrictions, or other factors needed to prevent an asthma episode: \_\_\_\_\_

(OVER)

**DAILY PREVENTIVE MEDICATION (at home)**

<u>MEDICATION/ROUTE</u>	<u>AMOUNT</u>	<u>TIME</u>	<u>SIDE EFFECTS</u>
_____	_____	_____	_____
_____	_____	_____	_____

**STEPS TO TAKE DURING AN ASTHMA EPISODE - Refer immediately to the nurse who will:**

1. Give PRN/rescue medication listed below:

<u>MEDICATION/ROUTE</u>	<u>AMOUNT</u>	<u>TIME</u>	<u>SIDE EFFECTS</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. Have student return to class *if symptoms resolve* within \_\_\_\_\_ minutes.
3. Contact parent *if symptoms persist*. If unable to reach parent, call 911 if any of the following occur:
- No improvement in \_\_\_\_\_ minutes after initial treatment
  - Peak flow of \_\_\_\_\_ or below
  - Difficulty breathing with chest and neck retractions, hunched position, trouble walking or talking
  - Lips or fingernails are blue or gray
  - Other \_\_\_\_\_

**INSTRUCTIONS**

- If school is unable to reach parent in an emergency, permission is granted to contact physician listed above or arrange to transport to emergency room.
- This student must carry an inhaler at all times, because of the severity of asthma, and is deemed responsible with the use of the inhaler. Ideally, a back-up inhaler will be kept with the nurse. The student will see the nurse if the medication is not effective and agrees to check in periodically with the nurse for monitoring.
- This student has been instructed in the proper use of his/her medication. He/she understands how to manage asthma and can do so in school, under the direct supervision of the nurse.
- This student needs assistance from the nurse in administering his/her medication and will require assistance in regulating his/her activity and monitoring peak flow levels.
- I/we agree to release this information to the following staff members *as appropriate*, with the expectation that confidentiality will be respected at all times:
  - Teachers
  - Administrators
  - PE.teacher
  - Substitute teacher
  - After school club/coaches
  - Recess/kitchen staff
  - Bus Personnel
  - Other \_\_\_\_\_

Parent signature: \_\_\_\_\_

Date \_\_\_\_\_