

**OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON
ASTHMA ACTION PLAN
PAGE 2**

PART III TO BE COMPLETED BY PRINCIPAL OR REGISTERED NURSE

| | | | |
|-------------------------|----------------------------|----------------------|---------------------|
| Student | School | Teacher/Grade | |
| Parent/Caregiver | Phone (H) | Phone (W) | Phone (Cell) |
| | | | |
| Physician | Office phone number | | |

ASTHMA ACTION PLAN CHECK LIST FOR SCHOOL PERSONNEL

- Asthma Action Plan Part I and II, complete yes no
- Medication authorization complete yes no n/a
- Inhaler authorization complete yes no n/a
- Medication maintained in school designated area yes no
- Medication self carried yes no
- Expiration date of medication (s) _____

- Staff trained in medication administration yes no
- Copies of plan provided to:

| | | | | | | | |
|-------------|------------------------------|-----------------------------|------------------------------|--------------|------------------------------|-----------------------------|------------------------------|
| Educational | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a | After school | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a |
| Athletic | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a | Food service | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a |

IMMEDIATE ACTION FOR SYMPTOMS

| IF YOU SEE THIS: | DO THIS: |
|---|--|
| Complains of chest tightness Coughing Difficulty breathing Wheezing | 1. Stop activity 2. Give one puff of rescue inhaler 3. Wait at least 1 minute 4. Give second puff of rescue inhaler 5. Allow student to rest 6. If no improvement in 15 minutes, repeat steps 2-4 7. If symptoms worsen call 911 and parents/emergency contact |
| IF YOU SEE THIS | DO THIS IMMEDIATELY |
| Coughs constantly Struggles or gasps for breath Chest and neck pull in with breathing Stooped over posture Trouble walking or talking Lips or fingernails are gray or blue | 1. Call 911 2. Give rescue medication 3. Call parents/emergency contact |

Full Asthma Action Plan has been implemented.

Principal or Registered Nurse

Date