

**LEGACY PREPARATORY CHARTER ACADEMY  
ASTHMA ACTION PLAN**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Campus: \_\_\_\_\_ Grade: \_\_\_\_\_ ID #: \_\_\_\_\_

Age when asthma diagnosed: \_\_\_\_\_

List all routine daily medications (name of medication, dose, and times given):

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**Triggers: Check those that apply to this student**

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|---|---|--|
| <input type="checkbox"/> Exercise                 | <input type="checkbox"/> Emotions (when upset)        | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Colds (viral illness)    | <input type="checkbox"/> Irritants (chalk dust, dust) | <input type="checkbox"/> Pollens (trees, grasses, weeds)                                       |
| <input type="checkbox"/> Weather                  | <input type="checkbox"/> Molds                        | <input type="checkbox"/> Dust and dust mites   |
| <input type="checkbox"/> Cold Air Weather changes | <input type="checkbox"/> Animal Dander – Type: _____  | <input type="checkbox"/> Cigarette Smoke, smog strong odors (paint, markers, perfumes, sprays) |

**SYMPTOMS OF RESPIRATORY DIFFICULTY: any or all of the following  
INTERVENTION: Always treat symptoms even if peak flow is not available.**

- Coughing • Chest Tightness • Shortness of Breath • Turning Blue • Wheezing • Rapid, labored breathing • Pulling in of skin around neck muscles, above collar bone, between ribs and under breast bone • Difficulty carrying on a conversation due to difficulty breathing • Difficulty walking due to breathing problems • Shallow, rapid breathing • Blueness (cyanosis) of fingernails and lips • Decreasing or loss of consciousness • Other

Peak flow meter: Yes \_\_\_ No \_\_\_ Spacer: Yes \_\_\_ No \_\_\_

**CALL 911 IF THE FOLLOWING OCCUR /PERSIST AFTER IMPLEMENTING INTERVENTIONS AS STATED ON THIS ASTHMA ACTION PLAN**

**Instructions for Staff:**

- Have student stop whatever they are doing
- Send the student to the clinic when experiencing respiratory difficulty as described above

If student has been given permission to self-medicate with their inhaler, allow student to use inhaler according to the following directions:

**Directions for self-medication:**

\_\_\_\_\_ (initial if applicable). Signatures of the parent/guardian and the physician(see reverse side) indicate that both agree the above named student has been instructed on proper use of his/her inhaler and is capable of assuming responsibility for using this medication at his/her discretion. Irresponsible or inappropriate use of the inhaler and/or failure to follow the Health Care Plan by the student will require a reassessment of the permission to self-medicate.

**Field Trips:**

- Medications and peak flow meter MUST accompany student on all field trips.
- A copy of this Health Care Plan and current phone numbers MUST be with staff member
- Teacher Must be instructed on correct use of asthma medications

