

**JACKSON R-2 SCHOOL DISTRICT
ASTHMA ACTION PLAN**

Student Name _____ Teacher/Team _____

1. Triggers that might start an asthma episode for this student:

- Exercise Animal Dander Cigarette smoke, strong odors Respiratory Infections
 Pollens Temperature Changes Foods Emotions (e.g., when upset)
 Molds Irritants (e.g., chalk dust) Other

2. Control of the School Environment:

_____ Environmental measures to control triggers at school _____
 _____ Pre-Medications (prior to exercise, choir, band, etc.) _____
 _____ Dietary Restrictions _____

3. Peak Flow Monitoring:

_____ Monitor Peak Flow:
 Personal Best Peak Flow _____ Monitoring Times _____
 _____ Do Not Monitor Peak Flow

4. Routine Asthma and Allergy Medication Schedule

Medication Name	Dose/Frequency	When to Administer	
		At Home	At School

5. Field Trips: Asthma medications and supplies must accompany student on all field trips. Staff Members must be instructed on correct use of the asthma medications and bring a copy of the Asthma Action Plan/Quick Relief Emergency Plan and the contact phone numbers.

- a) Parent to Contact _____
 Phone Number(s) _____
 b) Other Person to Contact in Emergency _____
 Phone Number(s) _____

6. Call 911 for immediate action if:

- Difficulty in breathing or walking
- Blue or gray discoloration of the lips or fingernails
- Failure of medication to reduce worsening symptoms

Parent/Legal Guardian Signature _____ Date _____

Reviewed by the School Nurse _____ Date _____

**JACKSON R-2 SCHOOL DISTRICT
ASTHMA NEEDS ASSESSMENT**

Student name _____ Date _____

Please review the following to help determine if a student has persistent asthma. If ANY of the items is TRUE the student has persistent asthma, however, for identifying your students who would most benefit from the Teaming Up for Asthma Control program:

Give **first priority** to those who have significant impairment due to asthma:

Disability due to asthma (the student is unable to participate in children's usual activities, such as attending School or engaging in play, or keep up with other children the same age and size due to asthma) **OR**
An emergency department visit or hospitalization in the past year for asthma or other respiratory illnesses **OR**
Excessive school absences related to respiratory illnesses (5 or more days)

Give **second priority** to those students who have a daily control medicine for asthma (item one below) and at least one other item checked on this list.

The student has a current prescription for regular use of any of the following medications or any other daily control medication for asthma:

Singulair® Flovent® QVar® Pulmicort® Asmanex® Alvesco® Advair® Symbicort® Intal®
theophylline Tilade®

The student has taken a systemic steroid after a severe asthma flare-up more than once in the last year, such as any of the following:

Decadron Dexamethasone Hydrocortisone Medrol Methylprednisolone Orsپرد Pediapred
Prednisolone Prednisone Prelone Solumedrol Triamcinolone

The student is experiencing daytime asthma symptoms (cough, wheeze, shortness of breath, chest tightness) *more than 2 days a week (past month)*.

The student is awakening at night *more than 2 times a month* due to asthma symptoms (breathing problems or persistent coughing). This is a key indicator of uncontrolled asthma.

The student is using quick-relief medicine (ProAir®, Ventolin®, Proventil®, or Xopenex®) *more than 2 days a week (past month)* for relief of asthma symptoms.

(This does NOT include students who use quick relief medicine for prevention of exercise induced asthma, **UNLESS** the student has poor endurance, prolonged recovery time after exercise, asthma symptoms during usual activities, or needs to repeat dose of quick-relief medicines for symptoms).

The student experiences ANY limitation in their normal activity, (even a minor limitation) due to having asthma symptoms (breathing problems or persistent coughing). This includes exercise. With good asthma control, students with asthma should be able to keep up with children the same age and size.

The student's FEV1 or peak flow is less than 80% of predicted and has a history of asthma. (A student with breathing problems or persistent cough at school who has an FEV1 or peak flow of less than 80% but has not been diagnosed with asthma **should be referred to the caregiver with documentation of events at school that suggest asthma** for an appointment with a health care provider for a full evaluation).