

Lincoln Street School

Mary P. Manin, RN, BS

Melissa Patten Asst.

25 Lincoln Street Exeter, NH 03833

Phone: (603)775-8862

Fax: (603)775-8968

ASTHMA ACTION PLAN

STUDENT INFORMATION

Name of

Student: _____ Grade: ____ Teacher: _____

Physical Education Day and Time: _____

EMERGENCY INFORMATION:

Parent/Guardian

Name: _____

Telephone numbers where parents/guardians can be reached during the school day: _____

Physician's

Name: _____

Physician's

Telephone: _____

ASTHMA EMERGENCY ACTION

The following are possible signs of and asthma emergency:

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

These signs indicate the need for emergency medical care. The steps that should be taken are:

- Activate the emergency medical system in your area; CALL 911

- Call parent/guardian or physician.

TRIGGERS:

ALL CURRENT MEDICATIONS:

Name of Medication	Dosage	Time
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MEDICATIONS TO BE GIVEN AT SCHOOL(IF ANY):

Name of Medication	Dosage	Time
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STEPS FOR AN ACUTE ASTHMA EPISODE: (to be completed by physician)

Parent/Guardian's

Signature: _____ **Date:** _____

Physician's

Signature: _____ **Date:** _____
