PHYSICIAN AND PARENT SCHOOL ASTHMA MANAGEMENT PLAN



Student's full name		Date of Birth
Physician	Physician Phone	
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administration or until breathing difficulties are related IT IS IS NOT okay to repeat rescue treated difficulties are relieved. It is okay to repeat rescue treated the second of the s	medicine. Obsieved. If student is still expenent. Observe student for reatment a total of the 10 second breath hold, we after the above maximo hysician for urgent medical uired to relieve breathing desired.	serve student for twenty minutes after rescue medicine eriencing breathing difficulties after 20 minutes: twenty minutes between treatments or until breathing times to relieve breathing difficulties. The state of the st
If student is experiencing extreme shortness of be called and rescue albuterol treatments given until		ils are blue emergency medical services should be
SICK PLAN: During asthma flare-ups schedul. For one week following an ER or physician office via	ed rescue treatments are i	
student requires rescue treatment before four-hour tre		ould be called to pick up student and notified of need for
scheduled treatments. • After 24 hours on the above sick plan treatme up child and notified of need for physician vi.	ent if the asthma symptons sit.	student's asthma flare-up or chest cold and the need for do not improve or get worse parents should be called to pick ents should be notified of need to schedule a physician office
 All ER visits for asthma flare-up should be for judgment, it is okay for child to attend scho 		e visit within three days. Unless contrary to ER physician's
DAILY ASTHMA CONTROL: Name of med How many How many tim • Known allergies and asthma triggers includ • All asthmatics should avoid exposures to air □ Needs □ Does not need treatment with resc	nes a day e rway irritants like smoke, o	dust and high levels of ozone.
•	ol as described in plan. I ag I's school, hospital and phy	ree to communication of changes in my child's asthma rsicians. I, as the person responsible for my child's medical
Parent's signature		Date
I have seen this child, authorize inhaler use at school dent's asthma at home and school.	ol in health room accordin	g to plan, and agree with plans for management of stu-
Physician's signature		Date