Asthma Action Plan

Student's Name: ___________________________ Grade: ______ Date of Birth: ______ School: ___________________________
Inhaler kept in: [ ] School clinic [ ] Self-carry

ACTION PLAN
Level of Severity
- [ ] Intermittent
- [ ] Mild Intermittent
- [ ] Moderate
- [ ] Persistent
- [ ] Severe Persistent
- [ ] High Risk

Control
- [ ] Well controlled
- [ ] Not well controlled
- [ ] Very poorly controlled

Triggers
- [ ] Animals
- [ ] Pollen
- [ ] Dust Mites
- [ ] Viral Respiratory Infections
- [ ] Mold
- [ ] Exercise
- [ ] Weather
- [ ] Smoke
- [ ] Other

Allergies

If student has any of the following symptoms - chest tightness, difficulty breathing, wheezing, excessive coughing, shortness of breath you will do this: Stop activity and help student to a sitting position, stay calm, reassure student, assist student with use of inhaler if they self-carry, escort student to school clinic or call for nurse for immediate assistance. Never send student to clinic alone!!!