Asthma Action Plan

Student's Name_________________________ Grade_________ Date of Birth:_________ School_________________________

Inhaler kept in___________ □ School clinic □ Self-carry

ACTION CONTROL 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

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!!!