

Student Asthma/Allergy Action Plan

This Page To Be Completed By Physician

Date Of Birth: _____ / _____ / _____
(MONTH) (DATE) (YEAR)

Student Name: _____

or to exercise. (e.g. PE, recess, etc).

Exercise Pre-Treatment: Administer inhaler (2 Inhalations) 15-30 minutes prior

Inhaler with spacer/valved holding chamber

Albuterol HFA inhaler (Proventil, Ventolin, ProAir)

Use inhaler

Other: _____

Pirbuterol Inhaler (Maxair)

Asthma treatment

Give quick relief medication when student experiences _____

_____ (chest) _____ (blue)

Albuterol HFA (Proventil, Ventolin, ProAir) 2 inhalations

Levalbuterol (Xopenex HFA) 2 inhalations

Pirbuterol (Maxair) 2 inhalations

Use inhaler with spacer/valved holding chamber

Anaphylaxis treatment

Give epinephrine when student experiences allergy _____

_____ (change in voice, faintness, difficulty breathing, or neck "sucking in"), lips or fingernails turn _____ or trouble talking (shortness of breath)

Epi Pen® 0.3 mg

Epi Pen® 0.15 mg

Student Asthma/Allergy Action Plan

Name: _____ Student Name: _____ Age: _____ Grade: _____
School: _____ Home room teacher: _____
Parent/Guardian: _____ Phone(H): _____
Alternate Emergency Contact: _____ Phone(H): _____

Triggers:
 Viral infections
 Odors/fumes/smoke
 Mold/mildew
 Dust/dust mites
 Grasses/trees
 Exercise
 Pollens
 Respirators
 Animals