PLYMOUTH JOINT SCHOOL DISTRICT
CONFIDENTIAL HEALTH INFORMATION
Student Health Services

Insert Photo

ASTHMA HEALTH ACTION PLAN

School Year: _____

Student Name		**Grade**	
Teacher		**Grad Year**	

Emergency Contact Information:
(Please provide, in order, where to call in an emergency during the school day)

	Name	Number	Cell/Work/Home	Relationship
1				
2				
3				
4				

School Nurses: 920-892-5100 Anne Nelson, RN (Grades 4K - 5)
Jeanna Rorvedt, RN (Grades 6 - 12)

1. Rate the severity of your child's asthma (1-10, 10 being most severe): ☐

2. Asthma triggers (check all that apply):
   - ☐ Weather (cold air) ☐ Dust ☐ Animals: _____
   - ☐ Illness ☐ Pollen ☐ Allergies: _____
   - ☐ Exercise ☐ Smoke ☐ Other: _____

3. Symptoms during asthma episode (check all that apply):
   - ☐ Coughing ☐ Wheezing
   - ☐ Throat Clearing ☐ Anxiety
   - ☐ Short of breath ☐ Other symptoms: _____

4. Where will the inhaler be kept?
   - ☐ Health Rm / Office ☐ Backpack ☐ Home ☐ Other: _____

5. Can the student administer their own inhaler?
   - ☐ Yes ☐ No

6. Additional information or instructions:

Student Name: _____

EMERGENCY ACTION PLAN

***GIVE ____ PUFFS OF (INHALER NAME) _____**

Note: A *Medication Authorization Form* needs to be filled out and signed by a doctor annually.

*If there is **no rescue medication at school,** call parent/guardian to pick up child and/or bring inhaler to school.
If student status transitions to an emergency situation, 911 will be called.

GREEN ZONE: GO - PRETREATMENT STEPS FOR EXERCISE

☐ Give inhaler 15 minutes before exercise (gym, recess) ☐ No scheduled pre-treatment

YELLOW ZONE: CAUTION - UNCONTROLLED ASTHMA

[If you see this]	[Do this immediately]
➢ Difficulty breathing or short of breath	➢ Stop physical activity, maintain sitting position
➢ Wheezing (high pitch sound)	➢ Give inhaler,* repeat use if needed after 15 min
➢ Chest tightness	➢ Stay with student and monitor symptoms
➢ Unable to tolerate regular activities but can still talk in full sentences	➢ Breathe in through the nose counting to 4 and out through the mouth counting to 6
➢ Frequent cough	➢ Offer sips of water
➢ Other (list):	➢ Call parent / guardian

RED ZONE: DANGER - EMERGENCY SITUATION

[If you see this]	[Do this immediately]
➢ Coughs constantly	➢ Give inhaler*
➢ Struggles or gasps for breath	➢ Call a Medical Emergency and 911
➢ Trouble speaking (can only speak 3-5 words)	➢ Repeat inhaler if not improving in 10-15 min
➢ Skin of chest / neck sucked in	➢ Call parent / guardian
➢ Lips or fingernails are gray or blue	
➢ Decreasing level of consciousness	

This Individual Health Action Plan will be used in an emergency.

This information may be shared with the classroom teachers, administrators, aides, bus drivers and other appropriate personnel with a need to know.

Memo of understanding:

- It is understood that a Health Action Plan will be completed and signed annually
- It is understood that emergency medication will be provided at school
- It is understood that the school nurse will be notified of any changes in the health plan

Parent / Guardian Signature: _____ Date: _____