

This information expires on June 30, \_\_\_\_\_

## SCHOOL-BASED ASTHMA MANAGEMENT PLAN

Endorsed by the Michigan Asthma Steering Committee of the Michigan Department of Community Health

### STUDENT INFORMATION

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Home Room Teacher: \_\_\_\_\_

Physical Education Days and Times: \_\_\_\_\_

### EMERGENCY INFORMATION

TO BE COMPLETED BY THE CHILD'S PARENT/GUARDIAN

Parent/Guardian Name(s): \_\_\_\_\_

First Priority Contact: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Second Priority Contact: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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TO BE COMPLETED BY THE CHILD'S DOCTOR

WHAT TO DO IN AN ACUTE ASTHMA EPISODE:
1.
2.
3.

CALL 911 OR AN AMBULANCE IF: Review attached "Signs of an Asthma Emergency" and list any additional symptoms the child may present with:

DAILY MANAGEMENT PLAN – TO BE COMPLETED BY THE CHILD'S DOCTOR

Child's Name: \_\_\_\_\_

Be aware of the following asthma triggers: \_\_\_\_\_

Severe Allergies: \_\_\_\_\_

**MEDICATIONS TO BE GIVEN AT SCHOOL:**

NAME OF MEDICINE	DOSAGE	WHEN TO USE

Side effects to be reported to health care provider: \_\_\_\_\_

Does this child have exercise-induced asthma? Yes No

This child uses an inhaler before engaging in physical exercise and if wheezing during physical activity.

Activity Restrictions (e.g., staying indoors for recess, limited activity during physical education):

\_\_\_\_\_  
\_\_\_\_\_

Please check all that apply:

- I have instructed this child in the proper way to use his/her inhaled medications. It is my professional opinion that this child should be allowed to carry and use that medication by him/herself.
- It is my professional opinion that this child should not carry his/her inhaled medications or epi-pen by him/herself.
- Please contact my office for instructions in the use of this nebulizer, metered-dose inhaler, and/or epi-pen.
- I have instructed this child in the proper use of a peak flow meter. His/her personal best peak flow is: \_\_\_\_\_.

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

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# **SIGNS OF AN ASTHMA EMERGENCY**

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## **SEEK EMERGENCY CARE IF A CHILD EXPERIENCES ANY OF THE FOLLOWING:**

- ✘ Child's wheezing or coughing does not improve after taking medicine (15-20 minutes for most asthma medications).
- ✘ Child's chest or neck is pulling in while struggling to breathe.
- ✘ Child has trouble walking or talking.
- ✘ Child stops playing and cannot start again.
- ✘ Child's fingernails and/or lips turn blue or gray.
- ✘ Skin between child's ribs sucks in when breathing.

### **Asthma is different for every person.**

The "Asthma Emergency Signs" above represent general emergency situations as per the National Asthma Education and Prevention Program 1997 Expert Panel Report.

If you are at all uncertain of what to do  
in case of a breathing emergency...  
**CALL 911 AND THE CHILD'S PARENT/GUARDIAN**