



TRADERS POINT CHRISTIAN SCHOOLS

TRAINING SCHOLARS. MAKING DISCIPLES. GRADUATING LEADERS.

Asthma Medical Action Plan

Student Name: _____ DOB: _____

Teacher/Grade: _____

For Exercise: _____ Inhaler: _____ puffs 15-20 minutes before exercise

***Immediate action is required when the above-named student exhibits any of the following signs of an asthma attack:**

Repetitive Cough Shortness of Breath Chest Tightness Wheezing/Retractions Inability to Speak in Sentences

Steps to Take During an Asthma Flare:

1. Give emergency asthma medications as listed below:

	Quick Relief Medication	Dose	Frequency

*Nebulizers aren't currently allowed in school. If that is required, the student will need to go home.

2. Reassess in 10-15 minutes and reclassify the child according to the following parameters:

	Cough	Respiratory Rate	Accessory Muscle Use or Retractions	Work of Breathing or Shortness of Breath
Normal	None to Occasional	Normal Rate 2-4 y/o <32 5-6 y/o <28 7-14 y/o <25 >15 y/o <22	None	Normal, easily speaks in sentences
Asthma Symptoms Continue	Very frequent to constant	> Normal for age	Present	Speaks in short sentences or only in words

3. If the child is:
 - Normal – the child may return to the classroom
 - Continues with asthma symptoms – continue with the medication listed in number 1 above every 15-30 minutes until EMS arrives

Early Childhood
6590 S. Indianapolis Road
Whitestown, IN 46075
(317) 769-2450

Lower School
5770 Whitestown Parkway
Whitestown, IN 46075
(317) 769-2450

Upper School
5608 Whitestown Parkway
Whitestown, IN 46075
(317) 360-0468



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4. Activate EMS (**CALL 911**) if the student has **ANY** of the following symptoms:
- Lips or fingernails are blue or gray
 - The student is too short of breath to walk, talk, or eat normally
 - The student gets no relief within 10-15 minutes of quick relief medicines OR the child has any of the following signs:
 - Persistent use of accessory muscles (chest and neck pulling in with breathing)
 - Child is hunching over
 - Child is struggling to breathe
 - Child's asthma symptoms continue as outlined in the table above

Emergency Contacts:

	Name/Relationship:	Number:
a.	_____	_____
b.	_____	_____

Even if a parent/guardian cannot be reached, do NOT hesitate to medicate or take child to a medical facility.

If it is deemed appropriate for this student to self-carry medication, an Authorization for Students to Carry Prescription/OTC Medication form will need to be filled out and signed by the physician, student and parent/guardian.

Healthcare Provider Name: _____

Healthcare Provider Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Reviewed by School Nurse: _____ Date: _____

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