

**Garwood Public Schools
Garwood, New Jersey**

School Asthma Record and Action Plan

Child's Name _____ HR _____ Date _____

Parent's Name _____ Phone _____ (w) _____

_____ Phone _____ (w) _____

Physician Treating Child's

Asthma _____ Phone _____

Diagnosis: [] Asthma [] Reactice Airways Disease [] Exercise Induced
Asthma

1. Number of times your child has been taken to a Dr.'s office or ER facility for an acute episode of asthma in the past 12 months _____

2. Please list any **"triggers"** or stimuli that cause asthma episodes? (check all that apply)

_____ Exercise _____ Animals _____ Food _____ Pollen/Trees _____ Mold

_____ Dust _____ Strong chemical fumes _____ Strong perfume/fragrance

_____ Illness _____ Chalk _____ Emotions _____ Cold Air

_____ Change of temperature _____ Smoke _____ Other, please list:

3. Is your child able to fully participate in physical education? Yes_____ No_____ If no, please specify limitations precribed by your child's physician and provide written orders

4. Does your child use a peak flow meter? Yes_____ No_____

Personal best peak flow number_____ Green zone (all

clear)_____ Yellow zone(caution)_____ Red zone (medical

alert)_____

5. What does your child do at home to relieve wheezing/coughing during an asthma attack? (check all that apply)

_____ breathing exercises _____ drink liquids _____ rest/relaxation _____ Inhaler

_____ Nebulilzer _____ Oral medication _____ Other _____

6. Name the medications your child takes routinely, the dose, how often?

7. Asthma Signs and Symptoms

The following are signs of an asthma attack:

- a. coughing (often the earliest sign)
- b. wheezing
- c. rapid pulse (120 or greater)
- d. labored breathing
- e. increased use of accessory muscles of respiration

8. Management of an Asthma Attack

- a. avoid known triggers, if possible. Know the early warning signs of an attack
- b. if trigger is environmental, immediately remove the child from the source
- c. Call Nurse
- d. Keep calm. Reassure the child and encourage
- e. Allow child to assume a position most comfortable for him/her.
- f. Have student sip tap water (not cold) slowly for hydration.
- g. You may instruct child to breathe in deeply, hold his/her breath for 1 or 2 seconds, then cough twice – first to loosen mucous, and second to bring it up.
- h. Nurse will administer prescription medication for acute attack (if provided).
 _____ medication in health office
 _____ child able to self-medicate
 _____ none

9. Emergency medical care will be sought if your child has any of the following:
No improvement, 15-20 minutes after initial treatment with medication and a parent/relative cannot be reached.

Peak flow in the red zone

Hard time breathing with:

- chest and neck pulled in with breathing
- child is hunch over
- child is struggling to breathe

Trouble walking or talking

Stops playing and can't start activity again

Lips or fingernails are gray or blue

12. I give my permission to share this information with employees at the Garwood Public Schools. I do not hold the Garwood BOE liable for any problems related to this medication

10. Comments/Special Instructions:

Parent/Guardian Signature

Date