

Asthma Alert

Daily Asthma Management for _____

(Child's name)

Asthma can be controlled (meaning no symptoms and normal physical activity) by avoiding triggers and using medication properly. In spite of this, attacks may occur; therefore, the child (or an accompanying adult) must keep his / her medication with them at all times.

This medication is called _____.

- Y N An extra inhaler is given to staff.
 Y N The child can take the inhaler on her/his own.
(This means they can make decisions on when to use it.)
 Y N The child can carry the inhaler.
If not, to ensure immediate access, it is stored _____.

Identify triggers (check all that apply to the child)

- | | | |
|--|--|--|
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Strong odor (i.e., cleaning products, deodorizers, paint) | <input type="checkbox"/> Specific weather conditions |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Carpet | <input type="checkbox"/> Food _____ |
| <input type="checkbox"/> Pollen | <input type="checkbox"/> Real Christmas trees | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Respiratory infection/colds | <input type="checkbox"/> Smoke | |
| <input type="checkbox"/> Mold | | |
| <input type="checkbox"/> Perfume / cologne | | |
| <input type="checkbox"/> Dust | | |

List environmental control measures the child requires to prevent an asthma attack:

- Y N Does the child need medication prior to physical activity?
If yes, describe type of physical activity _____
Name of medication, number of puffs and when to use _____

Symptoms of Asthma

All children with asthma are unique. They may have one or more signs. Some children may not appear to be in distress. All symptoms are important. Early action can often stop asthma symptoms from worsening. The child's common signs of worsening asthma are (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Restless | <input type="checkbox"/> Complains of shortness of breath | <input type="checkbox"/> Dry cough |
| <input type="checkbox"/> Irritable | <input type="checkbox"/> Wheezing (a whistle sound when breathing) | <input type="checkbox"/> Cough with phlegm |
| <input type="checkbox"/> Tiredness | | <input type="checkbox"/> Chest tightness |
| <input type="checkbox"/> Breathing is fast (>25/min) | | <input type="checkbox"/> Other _____ |

Please give a sense of the child's asthma control. Complete the following:

_____ How many **urgent visits** to the emergency or physician due to breathing problems has the child had in the last year?

- Y N Is the child on an asthma **controller medication** at home?

Name and frequency of use: _____

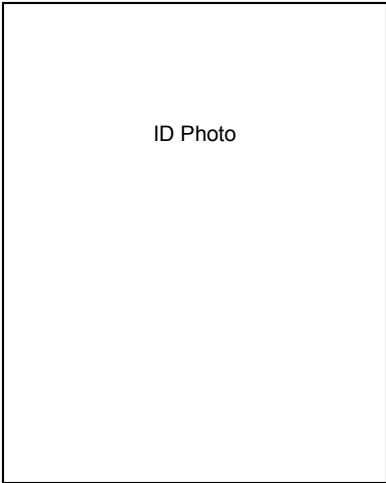
Parent Comments / Special Instructions

Asthma Alert

Urgent Asthma Management for _____

Room: _____ Grade: _____ Date of Birth: _____

Health Care No.: _____



Signs of a severe asthma episode and when to call 911 are:

- Chest and neck are pulled in with breathing.
- Struggles to breathe.
- Trouble walking or talking (3–5 words/breath).
- Becomes quiet or withdrawn.
- Lips or fingernails are gray or blue.
- No improvement after 5–10 minutes of taking reliever inhaler.
- Any doubts about the child's condition.

Response Plan to Symptoms:

- Give the prescribed reliever medication right away (should work in 5–10 minutes)

Drug Name	Color	Number of puffs/amount	How often
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- Act immediately and **do not** leave child alone.
- Stay calm and reassure the child.
- Have the child sit to rest not lie down.
- Listen to the child. Believe what the child is telling you.
- Remove the child from the environmental trigger if applicable.
- Call 911 if child feels no improvement from reliever inhaler after 5–10 minutes or is having severe symptoms (see above).
- Notify the parents / guardians.
- Document medication use.
- As soon as they feel better, they can slowly return to normal activities.
- If inhaler is required again in less than 4 hours, parent should be notified that the child may need further medical attention.

Emergency Contacts

Mother / Guardian _____ Phone (H) _____ Phone (W) _____ Cell _____

Father / Guardian _____ Phone (H) _____ Phone (W) _____ Cell _____

Other Phone (Day) _____ Doctor _____ Phone _____

Consent

- Y N I consent to the Emergency Action Plan and supervision or administration of the prescribed medications as outlined above.
- Y N I consent to have my child participate in asthma education activities as available (more information prior).

Name of Parent / Guardian (Please print)

Signature of Parent / Guardian

Date

