



Individual Health Plan (IHP) Asthma Emergency Action Plan

Name of Student: _____ Date of Birth: _____

School: _____ School Year: _____ Grade: _____

Parent/Guardian: _____ Phone Number: _____

MD Signature: _____ Date: _____

Exercise: Asthma symptoms are triggered by exercise/physical activity YES NO

If yes: Use rescue inhaler 2 puffs as needed to prevent symptoms:

Before very active exercise Before PE Before Recess

Yellow Zone Symptoms	Actions
<ul style="list-style-type: none"> • Coughing for prolonged periods • Wheezing, musical sounds in chest or other unusual noises with breathing • Shortness of breath • Tightness in chest • Can't easily play or exercise • Can do some but not all usual activities 	<ol style="list-style-type: none"> 1. Have student use their inhaler as prescribed _____ puffs, every _____. 2. Remove student from trigger such as activity or allergen 3. Calm student and encourage slow deep breaths 4. Breathe through pursed lips 5. Sips of cool water 6. If symptoms are not relieved repeat dose as prescribed 7. If inhaler is not available, call the school nurse. 8. Call parent if school nurse is not on campus.
Red Zone (Emergency) Symptoms Actions	Red Zone (Emergency) Symptoms Actions
<ul style="list-style-type: none"> • Very short of breath • Breathing is very difficult or very fast • Using neck or stomach muscles to breathe • Nostrils are flaring/opening wide to breathe • EXTREME DANGER <ul style="list-style-type: none"> ◦ Trouble walking or talking ◦ Lips or fingernails are blue 	<ol style="list-style-type: none"> 1. CALL 911 2. Have student use their inhaler as prescribed _____ puffs, every _____ 3. Stay with student to monitor breathing. Speak calmly and reassuringly. Encourage student to relax, sit up in a comfortable position, and take slow deep breaths. Offer sips of water ONLY if able to drink safely 4. Contact parent/guardian

Name of Student: _____ Date of Birth: _____

Location of Rescue Inhaler: _____

Date Inhaler Received: _____ Expiration Date: _____ # of doses available: _____

Student authorized to self-medicate and self-carry: YES NO

Location of Back-up Inhaler: _____

Picked up/Sent Home: _____ Date: _____

School Nurse Signature: _____ Date: _____

Staff trained in severe allergy action plan, medication administration and documentation:			
Signature	Print and Initials	Trainer Name	Date

Inhaler without spacer

1. Take the cap off the inhaler and shake well before each puff.
2. Breathe out to empty the lungs as much as possible.
3. Place the mouthpiece of the inhaler in your mouth and make
4. a tight seal.
5. Begin to breathe in slowly through your mouth and press
6. down on the inhaler one time. Continue to breathe in slowly
7. as deep as you can.
8. Hold your breath while you count to 10 slowly. (This
9. allows the medicine to reach deep into your lungs.)
10. Repeat second puff



Inhaler with spacer

1. Take the cap off the inhaler and shake well before each puff. Attach the spacer to the inhaler.
2. Breathe out to empty the lungs as much as possible.
3. Place the mouthpiece of the spacer to your mouth with a tight seal. If
4. spacer has a mask; press mask to make a seal around the mouth.
5. Press down on the inhaler which will put one puff of medicine into
6. the spacer. Inhale slowly and deeply.
7. Breathe in and out slowly 5-6 times
8. Repeat second puff



