



**INDIVIDUAL CARE PLAN FOR STUDENTS  
WITH ASTHMA/REACTIVE AIRWAY  
DAILY AND EMERGENCY PROCEDURES**

**IDENTIFICATION**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ School year: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Designated staff to provide support with asthma care:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_



**CONTACTS**

	NAME	RELATIONSHIP	PHONE #	NOTES
1st				
2nd				
3rd				

**SYMPTOMS**

**Triggers for this student are:**

- seasonal allergies: (eg spring, fall) \_\_\_\_\_
- mold
- dust, dust mites
- animals: \_\_\_\_\_
- weather: (eg cold, humid) \_\_\_\_\_
- exercise
- illness
- Other: \_\_\_\_\_

**Common presenting symptoms for this student are:**

- coughing
- wheezing
- % chest tightness
- shortness of breath
- \_\_\_\_\_

**Other student specific instructions:**

\_\_\_\_\_

\_\_\_\_\_



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**AUTHORIZATION**

**AUTHORIZATION TO ADMINISTER MEDICATION**

Physician Name \_\_\_\_\_ phone \_\_\_\_\_

Physician signature \_\_\_\_\_ date \_\_\_\_\_

Parent signature \_\_\_\_\_ date \_\_\_\_\_

Instructions for RESCUE INHALER USE: (Health provider please check appropriate box(es))

- Child understands the proper use of his/her asthma medications and can self-carry/use inhaler at school
- Child needs assistance or supervision to use his/her inhaler

**MEDICATION ORDERS**

<b>GO</b>	<b>Use these daily controller medicines:</b>			
<p><b>You have <i>all</i> of these:</b></p> <ul style="list-style-type: none"> <li>• Breathing is good</li> <li>• No cough or wheeze</li> <li>• Sleep through the night</li> <li>• Can work &amp; play</li> </ul> <p><b>Peak flow:</b></p> <div style="border: 1px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="text-align: center; margin-right: 5px;">from</div> <div style="border-bottom: 1px solid black; width: 40px; height: 10px;"></div> <div style="text-align: center; margin-left: 5px;">to</div> </div>	MEDICINE	HOW MUCH	HOW OFTEN/WHEN	
	For asthma with exercise, take:			
<b>CAUTION</b>	<b>Continue with green zone medicine and add:</b>			
<p><b>You have <i>any</i> of these:</b></p> <ul style="list-style-type: none"> <li>• First signs of a cold</li> <li>• Exposure to known trigger</li> <li>• Cough</li> <li>• Mild wheeze</li> <li>• Tight chest</li> <li>• Coughing at night</li> </ul> <p><b>Peak flow:</b></p> <div style="border: 1px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="text-align: center; margin-right: 5px;">from</div> <div style="border-bottom: 1px solid black; width: 40px; height: 10px;"></div> <div style="text-align: center; margin-left: 5px;">to</div> </div>	MEDICINE	HOW MUCH	HOW OFTEN/WHEN	
	CALL YOUR ASTHMA CARE PROVIDER.			
<b>DANGER</b>	<b>Take these medicines and call your doctor now.</b>			
<p><b>Your asthma is getting worse fast:</b></p> <ul style="list-style-type: none"> <li>• Medicine is not helping</li> <li>• Breathing is hard &amp; fast</li> <li>• Nose opens wide</li> <li>• Trouble speaking</li> <li>• Ribs show (in children)</li> </ul> <p><b>Peak flow:</b></p> <div style="border: 1px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="text-align: center; margin-right: 5px;">reading below</div> <div style="border-bottom: 1px solid black; width: 40px; height: 10px;"></div> </div>	MEDICINE	HOW MUCH	HOW OFTEN/WHEN	

**CALL 911 AND NOTIFY PARENT OR STUDENT'S EMERGENCY CONTACT**