



STUDENT ASTHMA ACTION CARD

This personalized asthma action card is to help teachers work together with parents and physicians in controlling asthma among school children. It will enable the teacher to confidently make appropriate decisions when dealing with asthma episodes and emergency situations. The parent or doctor should fill out this card and update it as necessary.

Name _____

Class _____ Age _____

1. In emergency contact:

a) Parent (Mother) _____ Phone (H) _____ (W) _____
(Father) _____ Phone (H) _____ (W) _____

b) Name _____ Relationship _____ Phone _____

c) Family Doctor _____ Office Phone _____

d) Asthma Specialist _____ Office Phone _____

2. Student personal asthma triggers:

- cats
- dust and dust mites
- chest infections
- peanut butter allergy
- dogs
- cold air
- humidity
- pollen
- chalk dust
- fumes
- molds
- foods (list below)
- smoke

Other _____

3. Asthma medications:

Medications	Drug Action	Dose	When to use	Common side effects

4. Peak flow guidelines:

a) Personal best Peak Flow:

b) Peak Flow requiring reliever inhaler:

c) Peak Flow requiring urgent attention:

5. What to do for asthma episodes:

- a) Give _____ puffs of _____(reliever inhaler) to student.
- b) Allow student to stop activity and rest (do not insist the student lie down). Remain calm to reduce the student anxiety. If possible, stay or have someone stay with the student until the student improves.
- c) Contact parents and school nurse if the episodes are occurring frequently or a single episode is not relieved promptly. This generally implies the child’s asthma is getting worse and they should see their doctor.

6. Get emergency help if the student has ANY of the following symptoms:

- No relief in 10 to 20 minutes after using their _____ (reliever inhaler)
- Showing signs of difficulty breathing or struggling to breathe despite medications
- There may or may not be wheezing
- Difficulty talking
- Lips and finger nails are grey or bluish in colour
- Peak Flow less than _____ L/min.

7. What to do:

- a) Give _____ puffs of _____(reliever inhaler) again and repeat after _____ minutes while waiting to get help. Follow school protocol, or:
- b) have someone phone the student’s doctor (1(c) or 1(d)) for advice, or:
- c) call an ambulance and state that the student is having an asthma attack/episode.
- d) Notify the student’s parents.
- e) Follow **Special instructions** below.

While waiting for help stay with the student and encourage her/him to remain calm and avoid panicking. Tell the patient: TRY AND CONTROL BREATHING - BREATHE IN THROUGH THE NOSE AND BREATHE OUT SLOWLY THROUGH THE MOUTH

8) Special instructions

9) Recommendation for inhaled medication:

_____ has demonstrated proper use and inhaler technique and should be allowed to carry and use her/his asthma inhalers by herself/himself.
Name of Student

_____ will need assistance with his/her asthma inhalers and should be kept by the school teacher or personnel but must be given immediately for asthma symptoms.
Name of Student

Physician Signature _____ Date _____

Parent Signature _____ Date _____