

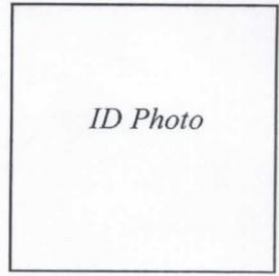


Asthma and Allergy Foundation of America

STUDENT ASTHMA ACTION CARD



Name: _____ Grade: _____ Age: _____
 Homeroom Teacher: _____ Room: _____
 Parent/Guardian Name: _____ Ph: (h): _____
 Address: _____ Ph: (w): _____
 Parent/Guardian Name: _____ Ph: (h): _____
 Address: _____ Ph: (w): _____



Emergency Phone Contact #1 _____
 Name Relationship Phone
 Emergency Phone Contact #2 _____
 Name Relationship Phone
 Physician Treating Student for Asthma: _____ Ph: _____
 Other Physician: _____ Ph: _____

EMERGENCY PLAN

Emergency action is necessary when the student has symptoms such as _____, _____, _____, _____ or has a peak flow reading of _____.

• Steps to take during an asthma episode:

1. Check peak flow.
2. Give medications as listed below. Student should respond to treatment in 15-20 minutes.
3. Contact parent/guardian if _____
4. Re-check peak flow.
5. Seek emergency medical care if the student has any of the following:
 - ✓ Coughs constantly
 - ✓ No improvement 15-20 minutes after initial treatment with medication and a relative cannot be reached.
 - ✓ Peak flow of _____
 - ✓ Hard time breathing with:
 - Chest and neck pulled in with breathing
 - Stooped body posture
 - Struggling or gasping
 - ✓ Trouble walking or talking
 - ✓ Stops playing and can't start activity again
 - ✓ Lips or fingernails are grey or blue



IF THIS HAPPENS, GET EMERGENCY HELP NOW!

• Emergency Asthma Medications

	Name	Amount	When to Use
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

See reverse for more instructions