

## ASTHMA ALERT Form 316-4

### Daily Asthma Management

Asthma can be controlled by avoidance of triggers and proper use of medication. In spite of this, sudden attacks may occur; therefore, the child (or an accompanying) must keep his / her medication with them at all times.

#### Identify triggers – please check all that apply to the child.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Exercise                       | <input type="checkbox"/> Animal         | <input type="checkbox"/> Pollen                |
| <input type="checkbox"/> Respiratory infection          | <input type="checkbox"/> Mold           | <input type="checkbox"/> Change in temperature |
| <input type="checkbox"/> Perfume / cologne / aftershave | <input type="checkbox"/> Chalk dust     | <input type="checkbox"/> Food _____            |
| <input type="checkbox"/> Strong odor or fume            | <input type="checkbox"/> Carpet in room | <input type="checkbox"/> Other _____           |

### Environment

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

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List activity guidelines the child requires to prevent an asthma attack.

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### Symptoms of Asthma

All individuals with asthma are unique. Children with asthma may exhibit one or several of the above signs. Some children may not appear to be in distress. All symptoms are of equal importance.

Symptoms of asthma include:

- labored breathing
- cough
- chest tightness
- cough with phlegm
- wheezing

The child's specific symptoms are:

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### Parent Comments / Special Instructions

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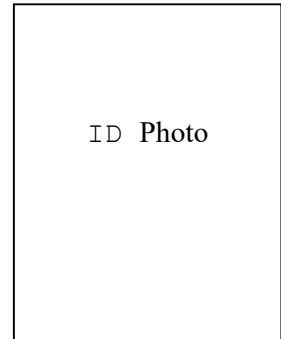


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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Health Care No.: \_\_\_\_\_  
(Day / Month / Year)

Room: \_\_\_\_\_ Grade: \_\_\_\_\_



**Signs of worsening asthma below – please circle all that apply to your child.**

- Has a hard time breathing with:
- Chest and neck pulled in with breathing
- Is hunched over
- Struggles to breath
- Can't say a complete sentence in one breath
- Trouble walking or talking
- Becomes quiet or withdrawn
- Lips or fingernails are gray or blue
- Cough, wheeze or rapid breathing

### Emergency Action Plan

Act immediately and **do not** leave child alone.

Stay calm, reassure the child.

Listen to the child. Believe what the child is telling you.

1. Remove the child from the environmental triggers.
2. Have the child stop all physical activity.
3. Give the prescribed medications as below.

Drug Name	Dosage (amount)	When to Use
_____	_____	_____
_____	_____	_____

4. Call 911 if \_\_\_\_\_
5. Notify the parents / guardians.

### Emergency Contacts

Mother / Guardian \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

Father / Guardian \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

Other \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (Day) \_\_\_\_\_

I consent to the Emergency Action Plan and administration of the prescribed medications as outlined above.

\_\_\_\_\_  
Name of Parent / Guardian (Please print)      Signature of Parent / Guardian      Date