



**OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON  
ASTHMA ACTION PLAN  
PAGE 2**

**PART III TO BE COMPLETED BY PRINCIPAL OR REGISTERED NURSE**

Student \_\_\_\_\_ School \_\_\_\_\_ Teacher/Grade \_\_\_\_\_

Parent/Caregiver \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Physician \_\_\_\_\_ Office phone number \_\_\_\_\_

**ASTHMA ACTION PLAN CHECK LIST FOR SCHOOL PERSONNEL**

- Asthma Action Plan Part I and II, complete yes      no
- Medication authorization complete yes      no      n/a
- Inhaler authorization complete yes      no      n/a
- Medication maintained in school designated area yes      no
- Medication self carried yes      no
- Expiration date of medication (s) \_\_\_\_\_
  
- Staff trained in medication administration yes      no
- Copies of plan provided to:
 

Educational	yes	no	n/a	After school	yes	no	n/a
Athletic	yes	no	n/a	Food service	yes	no	n/a

**IMMEDIATE ACTION FOR SYMPTOMS**

<b>IF YOU SEE THIS:</b>	<b>DO THIS:</b>
Complains of chest tightness Coughing Difficulty breathing Wheezing	<ol style="list-style-type: none"> <li>1. Stop activity</li> <li>2. Give one puff of rescue inhaler</li> <li>3. Wait at least 1 minute</li> <li>4. Give second puff of rescue inhaler</li> <li>5. Allow student to rest</li> <li>6. If no improvement in 15 minutes, repeat steps 2-4</li> <li>7. If symptoms worsen call 911 and parents/emergency contact</li> </ol>
<b>IF YOU SEE THIS</b>	<b>DO THIS IMMEDIATELY</b>
Coughs constantly Struggles or gasps for breath Chest and neck pull in with breathing Stooped over posture Trouble walking or talking Lips or fingernails are gray or blue	<ol style="list-style-type: none"> <li>1. Call 911</li> <li>2. Give rescue medication</li> <li>3. Call parents/emergency contact</li> </ol>

**Full Asthma Action Plan has been implemented.**

\_\_\_\_\_  
Principal or Registered Nurse

\_\_\_\_\_  
Date