

MEDfacts

An Educational Health Series From National Jewish Health®



School Asthma Plan

NAME OF STUDENT _____ DATE _____

School Age Children and Asthma

Asthma is the most common pediatric lung disorder. It affects one in ten children. Children with asthma have swollen (inflammation), sensitive airways that lead to episodes of trouble breathing. Although there is no known cure for asthma, it can be controlled. When asthma is under good control, the inflammation and obstruction in the airways will be decreased. Because children spend most of their day at school, it is important that school professionals understand asthma and asthma management. This handout introduces asthma management concepts and gives school professionals' information about this student's asthma management program. Managing asthma will make it possible for the child to participate in school to the level of their ability.

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What Makes Asthma Worse

Asthma triggers are the things that make asthma worse right away or slowly over time. Every child with asthma has different asthma triggers. Things that make asthma worse should be avoided or controlled in the school environment. These things can make asthma worse.

Things that can make asthma worse include:

Irritants (i.e., smoke and fumes), allergens (i.e., furry animals, grasses and trees), exercise, infections and emotions. Although emotions may make asthma symptoms worse, they do not cause asthma. Many children use a metered-dose-inhaler before exercise to prevent asthma symptoms when they exercise.

Comments about what makes my/my child's asthma worse:

Asthma Symptoms

Early warning signs and asthma symptoms are indicators that a child's asthma may be getting worse. Monitoring asthma signs and symptoms is helpful in managing asthma at school.

Signs and symptoms are things that children feel or that you may notice when asthma is getting worse. Common symptoms to watch for include: **coughing, shortness of breath, chest tightness and/or wheezing.**

Comments about my/my child's asthma symptoms:

Peak Flow Monitoring

In addition to watching for asthma symptoms, children with asthma can monitor their breathing at school by using a peak flow meter. A peak flow meter measures the flow of air in a forced exhalation in liters/minute. Peak flow monitoring can help identify the start of an asthma episode, often before the child is having symptoms. Peak flow zones divide the numbers on the peak flow meter into the colors of a traffic light and can help children and school professionals make decisions about asthma management.

My/my child's peak flow zones are:

- Personal Best _____
- Green Zone (All Clear) Above _____
- Yellow Zone (Caution) _____ to _____
- Red Zone (Medical Alert) Below _____



Asthma Medications

Asthma medications are divided into two groups-long-term control and quick-relief medications. Some quick-relief medications (i.e., Proventil®, Ventolin®, ProAir®, Xopenex®) work quickly to relax the muscles around the airways. These are used to treat **asthma symptoms**. They also may be inhaled before exercise to prevent asthma symptoms during exercise. Long-term control medications are used daily to maintain control of asthma and prevent asthma symptoms. Long-term control medications may be inhaled (i.e. Flovent®, Pulmicort®, QVar®, Advair®, Symbicort®, Dulera®) or oral (i.e., Singulair®). Children often take these at home. Most children use a combination of long-term control and quick-relief medications to manage their asthma. Spacers or holding chambers are devices that attach to the inhaler to increase the amount of medication that is delivered to the child's airways. Many children may use these.



Asthma Action Plan FOR _____ (Student's Name).

_____ (name of student)s medications to take at school
include:

Name of Medication	Dose	When to Use

This action plan has been individually designed to help school professionals' work with _____ (Student' Name) to control and treat asthma at school. It is based on monitoring asthma symptoms and may also be based on peak flow numbers.

Name of School: _____

Date of Birth: _____ Grade: _____

Parent(s)' or guardian(s)' names: _____

Mother Telephone: (H) _____ (W) _____

Father Telephone: (H) _____ (W) _____

Health Care Provider's Name: _____

Type of Insurance: _____

In case of emergency, contact:

Name: _____ Telephone: _____ Relationship: _____

Name: _____ Telephone: _____ Relationship: _____

Hospital Preference if 911 is called:

If peak flow number is from _____ to _____ (Yellow Zone) or you notice

any of these symptoms _____

1. _____

2. _____

If peak flow number is from _____ to _____ (Red Zone) or you notice any of these symptoms _____

1. _____

2. _____

PARENT SIGNATURE / DATE

PHYSICIAN SIGNATURE / DATE

Note: This information is provided to you as an educational service of National Jewish Health. It is not meant to be a substitute for consulting with your own physician.

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