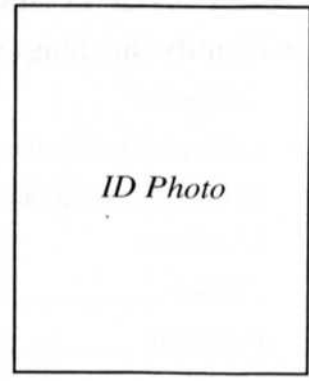


Please Have Your Student's PEP fill out,



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