ASTHMA EMERGENCY ACTION PLAN
INFORMACIÓN SOBRE ASMA DEL ALUMNO

(Medically Confidential Material)
(Información médica confidencial)

Place Student's Picture Here

PLEASE PRINT: *Escriba en letra de molde:*

Student Name: *Nombre del alumno:* ______________________ **Date of Birth:** *Fecha de nacimiento:* __________

Teacher Name: *Nombre del maestro:* ______________________ **Grade:** *Grado:* __________

ATTACH COPY OF STUDENT EMERGENCY CARD FOR ADDITIONAL INFORMATION
PARA MAYOR INFORMACIÓN, ADJUNTE UNA COPIA DE LA TARJETA DE EMERGENCIA DEL ALUMNO

ASTHMA: ***a disorder involving the respiratory system and air exchange.***
ASMA: una afección médica que afecta el sistema respiratorio y el intercambio de aire.

Severity Classification *Clasificación de la Gravedad*

- ○ **Intermittent** *Intermitente*
- ○ **Moderate Persistent** *Persistencia moderada*
- ○ **Mild Persistent** *Persistencia leve*
- ○ **Severe Persistent** *Persistencia severa*

Triggers *Factores desencadenantes*

- ○ **Cold** *Frio*
- ○ **Smoke** *Humo*
- ○ **Weather** *Clima*
- ○ **Exercise** *Ejercicio*
- ○ **Dust** *Polvo*
- ○ **Air Pollution** *Contaminación del aire*
- ○ **Animals** *Animales*
- ○ **Food** *Alimentos*

Other *Otro* ______________________

Exercise *Ejercicio*

1. **Premedication (how much and when)** *Premedicación (cuánto y cuándo)*
   ____
2. **Exercise medications** *Medicamentos para hacer ejercicio*
   ____

How often does your child have an episode? *¿Con qué frecuencia tiene su hijo episodios de asma?* ________ **x week** *x semana* ________ **x month** *x mes* ________ **x year** *x año*

What usually helps if an episode occurs? *¿Normalmente, qué ayuda si ocurre un episodio de asma?* ______________________

Daily management regimen: *Régimen de mantenimiento diario:*

	Medication *Medicamento*	Dosage *Dosis*	Time(s) *Hora(s)*	Route *Vía*	Taken at school *Se toma en la escuela*
1.	________	________	________	________	☐ Yes *Sí* ☐ No
2.	________	________	________	________	☐ Yes *Sí* ☐ No
3.	________	________	________	________	☐ Yes *Sí* ☐ No

Side effects to any asthma medication(s): *Efectos secundarios de cualquier medicamento(s) para el asma:* ☐ **Yes** *Sí* ☐ **No** **If yes, describe:** *Si sí describa:* ______________________

Medication: **The parent/guardian shall provide the school nurse with medication for this condition to be administered PRN (on an as needed basis).** ☐ **Yes** *Sí* ☐ **No**

Medicamento: El padre/ tutor proporcionará a la enfermera escolar el medicamento para esta afección, para ser administrado PRN (cuando sea necesario).

Additional medications: *Medicamentos adicionales:*

	Medication *Medicamento*	Dosage *Dosis*	Time(s) *Hora(s)*	Route *Vía*	Taken at school *Se toma en la escuela*
1.	________	________	________	________	☐ Yes *Sí* ☐ No
2.	________	________	________	________	☐ Yes *Sí* ☐ No
3.	________	________	________	________	☐ Yes *Sí* ☐ No

Does exercise affect your child's asthma? *¿El ejercicio afecta el asma de su hijo?* ☐ **Yes** *Sí* ☐ **No** **If YES, list types of exercise.** *Si responde afirmativamente, enumere los tipos de ejercicio* ______________________

NOTE: If your child is unable to participate in physical education activities for a period of longer than three (3) consecutive days as a result of this condition, a written excuse from your child's physician must be obtained.
NOTA: Si el menor no puede participar en actividades de educación física por un tiempo mayor de tres (3) días consecutivos, como resultado de esta afección, es necesario obtener una excusa por escrito del médico de su hijo.

In which sports can your child fully participate? *¿En cuáles deportes puede participar por completo su hijo?* ______________________

Could this physical impairment substantially limit a major life activity? *¿Este trastorno físico podría limitar considerablemente una actividad fundamental de la vida?* ☐ **Yes** *Sí* ☐ **No**

Special instructions from physician (if needed): *Instrucciones especiales del médico (si se necesitan):* ______________________

Original: School Nurse **Copy:** Teacher(s)/Applicable School Personnel **Copy:** Applicable Departments, e.g., Food Services, Transportation

Continued Reverse Side ➡

IF PERTINENT TO YOUR CHILD, COMPLETE THE FOLLOWING:

What is child's current personal best peak flow? ________ **Date** ________
¿Cuál es en la actualidad sul mejor flujo espiratorio máximo (peak flow)? *Fecha*

How often does your child do peak flows? ________
¿Con qué frecuencia mide su hijo su flujo espiratorio máximo (peak flow)?

Green Zone: Doing Well | Peak Flow Meter Personal Best =

Symptoms
- Breathing is good
- No cough or wheeze
- Can work and play
- Sleeps well at night

Peak Flow Meter
More than 80% of personal best or ________

Control Medications:

Medicine	How Much to Take	When to Take It

Yellow Zone: Getting Worse | Contact physician if using quick relief more than 2 times per week.

Symptoms
- Some problems breathing
- Cough, wheeze or chest tight
- Problems working or playing
- Wake at night

Peak Flow Meter
Between 50% and 80% of personal best or
________ to ________

Control Medications:

Medicine	How Much to Take	When to Take It

If your symptoms (and peak flow, if used) return to the Green Zone after one (1) hour of the quick-relief treatment, THEN
- ○ Take quick-relief medication every four (4) hours for one (1) to two (2) days.
- ○ Change your long-term control medicine by ________
- ○ Contact your physician for follow-up care.

If your symptoms (and peak flow, if used) DO NOT RETURN TO Green Zone after one (1) hour of the quick-relief treatment, THEN
- ○ Quick-relief treatment again.
- ○ Change your long-term control medicine by ________
- ○ Call your physician/healthcare provider within _____ hour(s) of modifying your medication routine.

Red Zone: Medical Alert | Ambulance/Emergency Phone Number:

Symptoms
- Lots of problems breathing
- Cannot work or play
- Getting worse instead of better
- Medicine is not helping

Peak Flow Meter
Less than 50% of personal best or
________ to ________

Control Medications:

Medicine	How Much to Take	When to Take It

Go to the hospital or call for an ambulance if:
- ○ Still in the Red Zone after 15 minutes.
- ○ You have not been able to reach your physician/healthcare provider for help.
- ○ ________

Call an ambulance immediately if the following danger signs are present:
- ○ Trouble walking/talking due to shortness of breath.
- ○ Lips or fingernails are blue.

Release of information: **The undersigned parent/guardian authorizes the release and/or exchange of medical information between the school nurse and my child's physician named below as it relates to this medical condition. I further authorize the school nurse to distribute copies of this document in accordance with the distribution list below to ensure the safe and proper care of my child while being transported to and from school as well as during school hours. I understand that professional staff will use the medical information given or received and that this information will not be released to any other party not designated herein.**

Dar a conocer información: *El padre de familia/ tutor legal abajo firmante autoriza a comunicar y/ o intercambiar información médica entre la enfermera escolar y el médico de mi hijo(a) arriba indicado, en lo relacionado a esta afección médica. También autoriza a la enfermera escolar a que distribuya copias de este documento de acuerdo a la lista de abajo, para garantizar el cuidado seguro y apropiado de mi hijo(a) mientras sea transportado(a) a la escuela y desde ella, lo mismo que durante horas de clase. Entiendo que el personal profesional usará la información médica dada o recibida y que esta información no se dará a ninguna otra persona o grupo que no esté designado en este documento.*

Physician Name:
Nombre del médico: ________

Physician Phone Number:
Teléfono del médico: ________

Physician FAX Number:
Número de FAX del médico: ________

________ **Parent/Guardian Signature** *Firma de uno de los padres/ tutor legal*

________ **Date** *Fecha*

Original: School Nurse **Copy:** Teacher(s)/Applicable School Personnel **Copy:** Applicable Departments, e.g., Food Services, Transportation