Asthma Action Plan AIS-R

Name student:		Grade:	
has been diagnosed with asthn	na.		
Please mark signs and sympto chest tightness clearing throat audible wheezing flaring nostrils anxiety, apprehension, par	persistedifficultdecreaschest re	ent coughing breathing, difficulty talking sed breath sounds and wheezing by auscultation	
Name of medication to be take	n at home to prevent/cor	ntrol asthma:	
Name of medication	Dose	Time to be taken	
Name of modication to be tale			
Name of medication to be taken Name of medication	Dose	Time to be taken	
Name of medication	DOSC	Time to be taken	
_			
Name of medication to be adm	inistered at school with a	a nebulizer if experiencing asthma:	
Name of medication	Dose		
their inhaler with them. The inh of the inhaler will result in confi Is your child carrying an inhaler Name of medication: Did your child demonstrate to y In case of a severe emergency The parents/guardians should p	aler should be clearly man scation of the inhaler and r with him/her?Yes rou how to proper use his/r, student will be transported provide an extra inhaler to	No /her inhaler and at what times?Yes No ed to the nearest hospital. b be kept in the nurse's office. The responsibility of	
providing medication is that of t			
Signature Parent/Guardian		Date	
Mobile Father:		Mobile Mother:	