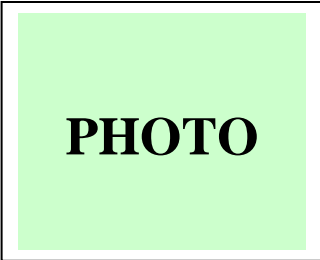




**Montessori School in Kleinburg 2022-2023
INDIVIDUAL ASTHMA MANAGEMENT PLAN**



Name: _____

Date of Birth: _____

Class / Grade: _____

1) Parent/Guardian Name: _____ Phone: _____

2) Parent/Guardian Name: _____ Phone: _____

Physician's Name: _____ Physician's Phone#: _____

#1 Medication name: _____

Dose: _____

Location of Medication: _____ Expiration: _____ / _____

When to administer this medication: _____

#2 Medication name: _____

Dose: _____

Location of Medication: _____ Expiration: _____ / _____

When to administer this medication: _____

#3 Medication name: _____

Dose: _____

Location of Medication: _____ Expiration: _____ / _____

When to administer this medication: _____

Personal Asthma Triggers (check all that apply):

- Animal dander Viral Infections Chalk Dust Exercise
- Intense Emotions Temperature changes/Cold Air Mould
- Fumes/Odors Pollen Dust Mites
- Other: _____

ACTION – INDIVIDUAL EMERGENCY PLAN:

- ✓ Remove student from the trigger if possible in order to reduce the severity of the symptom(s)
- ✓ Use inhaler immediately or administer prescribed medication as indicated on this form and try to keep student calm
- ✓ Have student remain in an upright position (**DO NOT** have student lie down)
- ✓ Encourage student to breathe slowly and deeply (**DO NOT** have student breathe into a bag)
- ✓ If student totally recovers, participation in activities may resume

IF SYMPTOMS PERSIST:

- ✓ Wait 5-10 minutes to see if breathing difficulty is relieved and student’s breathing returns to normal
- ✓ If not, repeat the administration of the reliever medication (inhaler)
- ✓ If the student’s breathing difficulty is relieved and student’s breathing returns to normal, the student can resume school activities, but should be monitored closely. The student should avoid vigorous activity and may require the administration of additional reliever medication

IT IS AN EMERGENCY SITUATION IF THE STUDENT:

- ✓ Has used the reliever medication and it has not helped within 5-10 minutes
- ✓ Has difficulty speaking or is struggling for breath
- ✓ Appears pale, grey or is sweating
- ✓ Has greyish/blue lips or nail beds

OR

- ✓ There is doubt or concern about the student’s condition

ACTION:

- ✓ **CALL 911** and advise the dispatcher that a student is having an asthma exacerbation (describe the observable symptoms), wait for ambulance, **DO NOT** drive student
- ✓ Continue to administer the reliever medication every two to three (2-3) minutes until medical assistance arrives
- ✓ Call Parent or Guardian and/or Caregivers as soon as possible
- ✓ The student must be taken to a hospital immediately, even if symptoms subside entirely.

POSSIBLE ASTHMA SYMPTOMS: LIST ADDITIONAL/OTHER SYMPTOMS FOR YOUR CHILD:

- Shortness of breath
- Tightness in chest
- Coughing
- Wheezing
- Other: _____

PARENT INPUT ON EMERGENCY PLAN:

STRATEGIES (LIST AVOIDANCE/SAFETY RULES FOR YOUR CHILD, IF ANY):

The faculty of Montessori School in Kleinburg Inc. is granted permission to call an ambulance and take said child to a local or specialty hospital if the situation is considered serious. I give permission for the staff of Montessori School in Kleinburg Inc. to contact the physician or licensed health care provider relating to my child’s medical condition, if necessary, for the purpose of the development of the individual action plan. I certify that the above information is accurate and up to date.

Parent Signature: _____ Date: _____