

Is the Asthma Action Plan Working? (pg 1 of 2)



Student _____ School _____

Date of Birth _____ Today's Date _____

This tool assists the school nurse in assessing if students are achieving good control of their asthma. Its use is particularly indicated for students receiving intensive case management services at school.

With good asthma management, students should:

- Be free from asthma symptoms or have only minor symptoms:
 - no coughing or wheezing
 - no difficulty breathing or chest-tightness
 - no waking at night due to asthma symptoms.
- Be able to go to school every day, unhampered by asthma.
- Be able to participate fully in regular school and daycare activities, including play, sports, and exercise.
- Have no bothersome side effects from medications.
- Have no emergency room or hospital visits.
- Have no missed class time for asthma-related interventions or missed class time is minimized.

Signs that a student's asthma is not under good control:

If any of the signs and symptoms below have been observed or reported within the past six months, it may be necessary to revise the student's treatment plan (e.g., medication changes may be needed, trigger avoidance may have to be addressed, etc.).

- Asthma symptoms more than twice a week that require quick-relief medicine (short-acting beta₂-agonist, e.g. albuterol)
- Symptoms get worse even with quick relief meds
- Waking up at night because of coughing or wheezing
- Frequent or irregular heartbeat, headache, upset stomach, irritability, feeling shaky or dizzy
- Missing school or classroom time because of asthma symptoms
- Having to stop and rest at PE, recess, or during activities at home because of symptoms
- 911 call required

If "yes" to any of the above, use the following questions to more specifically ascertain areas where intervention may be needed.

Probes	Responsible Person/site	Circle Yes, No, or N/A		
Medications: Are appropriate forms completed and on file for permitting medication administration at school?	By school staff	Yes	No	N/A
	Self-carry	Yes	No	N/A
Has a daily long-term-control medication(s) (controller*) been prescribed?		Yes	No	N/A
Is controller medication available to use as ordered?	Home	Yes	No	N/A
	School	Yes	No	N/A
Is the student taking the controller medication(s) as ordered?	Home	Yes	No	N/A
	School	Yes	No	N/A
Has a quick-relief (short-acting B ₂ -agonist) medication been prescribed?		Yes	No	N/A
Is quick-relief medication easily accessible?	Home	Yes	No	N/A
	Personal inhaler(s) at school health office	Yes	No	N/A
	Self-carry	Yes	No	N/A
Is the student using quick-relief medication(s) as ordered... ● Before exercise? ● Immediately when symptoms occur?	Home	Yes	No	N/A
	School	Yes	No	N/A
	Home	Yes	No	N/A
	School	Yes	No	N/A

Is the Asthma Action Plan Working? *(pg 2 of 2)*



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Probes <i>(cont. from page 1)</i>	Responsible Person/site	Circle Yes, No, or N/A		
Medication Administration: Does the student use correct technique when taking medication?		Yes	No	N/A
Does the person administering the medication use correct technique?		Yes	No	N/A
Monitoring: Can the student identify his/her early warning signs and symptoms that indicate onset of an asthma episode and need for quick-relief medicine?		Yes	No	N/A
Can the student identify his/her asthma signs and symptoms that indicate the need for help or medical attention?		Yes	No	N/A
Can the student correctly use a peak flow meter or asthma diary of tracking symptoms?		Yes	No	N/A
Are the student's asthma signs and symptoms monitored using a Peak Flow, verbal report or diary?		Yes	No	N/A
● Daily?	Home	Yes	No	N/A
	School	Yes	No	N/A
● For response to quick-relief medication?	Home	Yes	No	N/A
	School	Yes	No	N/A
● During physical activity?	Home	Yes	No	N/A
	School	Yes	No	N/A
Trigger Awareness: Have triggers been identified?		Yes	No	N/A
Can student name his/her asthma triggers?		Yes	No	N/A
Can parent/caregivers list their child's asthma triggers?		Yes	No	N/A
Are teachers, including physical educators, aware of this student's asthma triggers?		Yes	No	N/A
Trigger Avoidance: Are triggers removed or adequately avoided or managed?		Yes	No	N/A

*Long-term-control medications (controllers) include inhaled corticosteroids (ICS), leukotriene receptor antagonists (LTRA), or combination medicine (long-acting B₂-agonists and ICS), cromolyn, or theophylline.

School nurses provide appropriate asthma education and health behavior intervention to students, parents, and school personnel when signs and symptoms of uncontrolled asthma and other areas of concern are identified. If there is an indication for a change in asthma medications or treatment regimen, refer the student and family to their primary care provider or asthma care specialist or help families to find such services as soon as possible.