

**Appendix F**  
*Page 1*

PREVALENT MEDICAL CONDITION — ASTHMA Plan of Care	
STUDENT INFORMATION	
Student Name _____	Date Of Birth _____
Ontario Ed. # _____	Age _____
Grade _____	Teacher(s) _____

EMERGENCY CONTACTS (LIST IN PRIORITY)			
NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

KNOWN ASTHMA TRIGGERS	
CHECK (✓) ALL THOSE THAT APPLY	
<input type="checkbox"/> Colds/Flu/Illness	<input type="checkbox"/> Change In Weather
<input type="checkbox"/> Smoke (e.g., tobacco, fire, cannabis, second-hand smoke)	<input type="checkbox"/> Pet Dander
<input type="checkbox"/> Physical Activity/Exercise	<input type="checkbox"/> Strong Smells
<input type="checkbox"/> Mould	<input type="checkbox"/> Dust
<input type="checkbox"/> Cold Weather	<input type="checkbox"/> Pollen
<input type="checkbox"/> Other (Specify) _____	
<input type="checkbox"/> At Risk For Anaphylaxis (Specify Allergen) _____	
<input type="checkbox"/> Asthma Trigger Avoidance Instructions: _____	
<input type="checkbox"/> Any Other Medical Condition or Allergy? _____	





**Appendix F**  
*Page 2*

DAILY/ ROUTINE ASTHMA MANAGEMENT		
RELIEVER INHALER USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES		
<p>A reliever inhaler is a fast-acting medication (usually blue in colour) that is used when someone is having asthma symptoms. The reliever inhaler should be used:</p> <p><input type="checkbox"/> When student is experiencing asthma symptoms (e.g., trouble breathing, coughing, wheezing).</p> <p><input type="checkbox"/> Other (explain): _____</p>		
Use reliever inhaler _____ (Name of Medication)	in the dose of _____ (Number of Puffs)	
Spacer (valve holding chamber) provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Place a (✓) check mark beside the type of reliever inhaler that the student uses:		
<input type="checkbox"/> Aiomir	<input type="checkbox"/> Ventolin	<input type="checkbox"/> Bricanyl <input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Student requires assistance to <b>access</b> reliever inhaler. Inhaler must be <b>readily accessible</b> .		
Reliever inhaler is kept:		
<input type="checkbox"/> With _____ – location: _____	Other Location: _____	
<input type="checkbox"/> In locker # _____	Locker Combination: _____	
<input type="checkbox"/> Student <b>will carry</b> their reliever inhaler <b>at all times</b> including during recess, gym, outdoor and off-site activities.		
Reliever inhaler is kept in the student's:		
<input type="checkbox"/> Pocket	<input type="checkbox"/> Backpack/fanny Pack	
<input type="checkbox"/> Case/pouch	<input type="checkbox"/> Other (specify): _____	
Does student require assistance to <b>administer</b> reliever inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Student's <b>spare</b> reliever inhaler is kept:		
<input type="checkbox"/> In main office (specify location): _____	Other Location: _____	
<input type="checkbox"/> In locker #: _____	Locker Combination: _____	
CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES		
<p>Controller medications are taken regularly every day to control asthma. Usually, they are taken in the morning and at night, so generally not taken at school (unless the student will be participating in an overnight activity).</p>		
Use/administer _____ (Name of Medication)	In the dose of _____	At the following times: _____
Use/administer _____ (Name of Medication)	In the dose of _____	At the following times: _____
Use/administer _____ (Name of Medication)	In the dose of _____	At the following times: _____

**Appendix F**  
Page 3

**MANAGING ASTHMA ATTACKS**

<b>MILD ASTHMA ATTACK</b>	
<p>If ANY of the following occur:</p> <ul style="list-style-type: none"> <li>• Continuous coughing</li> <li>• Trouble breathing</li> <li>• Chest tightness</li> <li>• Wheezing (whistling sound in chest)</li> </ul> <p>Student may also be restless, irritable and/or very tired</p>	
<p>Step 1: <b>Immediately</b> use fast-acting reliever inhaler (usually blue inhaler)</p>	
<p>Step 2: Check symptoms. Only return to normal activity when all symptoms are gone.</p> <p>If symptoms get worse or do not improve within 10 minutes, this is an <b>emergency</b> – follow steps below.</p>	
<b>ASTHMA EMERGENCY</b>	
<p>If ANY of the following occur:</p> <ul style="list-style-type: none"> <li>• Breathing is difficult and fast</li> <li>• Cannot speak in full sentences</li> <li>• Lips or nail beds are blue or grey</li> <li>• Skin on neck or chest sucked in with each breath</li> </ul> <p>Student may also be anxious, restless and/or very tired</p>	
<p>Step 1: <b>Immediately</b> use fast-acting reliever inhaler (usually blue inhaler)</p> <p><b>CALL 911 (9-911)</b> for an ambulance. If possible, stay with person.</p>	
<p>Step 2: If symptoms continue, use reliever inhaler every 5 to 15 minutes until medical help arrives.</p>	
<p><b>While waiting for medical help to arrive:</b></p> <ul style="list-style-type: none"> <li>✓ Have student sit up with arms resting on table (do not have student lie down unless it is an anaphylactic reaction)</li> <li>✓ Stay Calm, reassure the student and stay by his/her side</li> <li>✓ Notify parent/guardian or emergency contact</li> </ul>	