

**NYACK PUBLIC SCHOOLS**  
**FORM REQUIRES MD SIGNATURE**



**ASTHMA Management plan**

Student: \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

**Inhaler:** Circle one: Albuterol/Maxair/Proair/Proventil/Ventolyn/Other: \_\_\_\_\_  
1-2 puffs - 15 minutes prior to gym or sports or Q4 hours PRN.

Medication to be kept in Nurse's Office and administered by School RN.  
**Please be advised that all medication for Elementary students will be kept in Nurse's Office.**

Student may self carry inhaler and administer medication as per MD orders  
**High School & Middle School ONLY. Elementary students may not self carry inhalers.**

**Immediate action** is required if student exhibits any of the following signs of respiratory distress:  
Repetitive Cough - Shortness of Breath - Chest Tightness - Wheezing - Retractions

**Steps to take during asthma exacerbation:**

1. Administer emergency asthma medication as prescribed below with inhaler or nebulizer:

Medication: \_\_\_\_\_

2. Reassess 10-15minutes after medication administration.  
→ If S & S have resolved, student may return to classroom.  
→ **Activate 911, if S & S above persist or if student continues to struggle to breathe.**  
→ Repeat emergency medication after 30 minutes if EMS has not arrived

**\*MD Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **STAMP:**

Then call:

1. Parent/Guardian: \_\_\_\_\_  
2. Dr. \_\_\_\_\_ at \_\_\_\_\_

**DO NOT HESITATE TO CALL 911!**

**School RN signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_