

DAILY MANAGEMENT PLAN
ASTHMA

Signs of an **asthma emergency** may include: difficulty breathing, walking, or talking; blue or gray discoloration of the lips or fingernails; failure of medication to reduce worsening symptoms.

TO BE COMPLETED BY THE CHILD'S DOCTOR:

Child's Name _____

Be aware of the following asthma triggers:

Severe allergies: _____

MEDICATIONS TO BE GIVEN AT SCHOOL:

Medication _____	Dosage _____	When to Use _____
Medication _____	Dosage _____	When to Use _____
Medication _____	Dosage _____	When to Use _____

Side effects to be reported to health care provider:

Does this child have exercise-induced asthma? YES NO

- This child uses an inhaler before engaging in physical exercise and if wheezing during physical activity.

Activity Restrictions: _____

Please check all that apply:

- I have instructed this child in the proper way to use his/her inhaled medications. It is my professional opinion that this child should be allowed to carry and use the medication himself/herself.
- It is my professional opinion that this child should not carry his/her inhaled medications or epi-pen himself/herself.
- Please contact my office for instructions in the use of this nebulizer, metered-dose inhaler and/or epi-pen.
- I have instructed this child in the proper use of a peak flow meter. His/her personal best peak flow is _____.

Doctor's Signature _____ Date ____/____/____

Parent/Guardian Signature _____ Date ____/____/____