IS	THE ASTHMA ACTION A Tool for School Nu						
Assessment for:	Completed by:(N		Date:				
Assessment for: (Student)	<u> </u>	(N	Nurse or Parent)				
This tool assists the school nurse in as indicated for students receiving intens			of their asthma. Its use	e is partic	ularly		
With good asthma management, students Be free from asthma symptoms or he symptoms: no coughing or wheezing no difficulty breathing or ches no wakening at night due to as Be able to go to school every day, the student's as an indicate by checking the appropriate parents or children within the past of or need for a change in treatment or triggers).	t-tightness thma symptoms. Inhampered by asthma. sthma is not under go be box whether any of the signs of months. If any boxes are mark	including play, Have no bothers Have no emerge Have no missed missed class tin od control or symptoms lised, this suggest	sted below have been s difficulty with follo	medication isits. related inte	s. rvention or repo	s or orted by nt plan	
 □ Asthma symptoms more than twice relief medicine (short-acting beta₂-a □ Symptoms get worse even with qui □ Waking up at night because of coug □ Frequent or irregular heartbeat, hear irritability, feeling shaky or dizzy 	agonists, e.g. albuterol): ck relief meds ghing or wheezing	Having to sto home because Symptoms re or hospitaliza					
If "yes" to any of the above, use the fo	ollowing questions to more spec	ifically ascertai	n areas where interve	ention may	y be nee	eded.	
Probes			Responsible Person/site	Yes	No	N/A	
Medications:	. 1 1 61 6	11	D 1 2 2 2				
Are appropriate forms completed and on file for permitting medication administration at school?		By school staff Self-carry	-	0	-		
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Has a daily **long-term-control** medication(s) (controller*) been prescribed? Is **controller** medication available to use as ordered? Home School Is the student taking the **controller** medication(s) as ordered? Home School Has a quick-relief (short-acting B₂-agonist) medication been prescribed? Is **quick-relief** medication easily accessible? Home Personal inhaler (s) at school health office Self-carry Is the student using **quick-relief** medication(s) as ordered... Before exercise? Home School Immediately when symptoms occur? Home School 0 **Medication Administration:** Does the student use correct technique when taking medication? Does the person administering the medication use correct technique? 0

	Responsible Person/site	Yes	No	N/A
Monitoring:	1 ci son/site			
Can the student identify his/her early warning signs and symptoms that indicate onset of an asthma episode and need for quick-relief medicine?		•		
• Can the student identify his/her asthma signs and symptoms that indicate the need for help or medical attention?		0		
Can the student correctly use a peak flow meter or asthma diary for tracking symptoms?				
• Are the students' asthma signs and symptoms monitored using a Peak Flow, verbal report or diary?				
o Daily?	Home			
	School		0	
o For response to quick-relief medication?	Home			
	School			
o During physical activity?	Home			
	School			
Trigger Awareness:				
Have triggers been identified?				
Can student name his/her asthma triggers?				
Can parent/caregivers list their child's asthma triggers?				
Are teachers, including physical educators, aware of this student's asthma triggers?				
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Trigger Avoidance: • Are triggers removed or adequately avoided or managed?	Home			
	School			

^{*} 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.



