



Individual Health Plan (IHP) - **ASTHMA**

Child's Name: _____ D.O.B.: _____

School: _____ Grade: _____

Concern: **ASTHMA - Reactive Airway Disease (RAD)**

Asthma symptoms may be:

- Wheezing
- Coughing
- Shortness of Breath

Action steps for when they have these symptoms:

<input type="checkbox"/> Have them sit down and rest. A drink of water may help.
<input type="checkbox"/> Give ___ puffs of MDI (inhaler), _____. (use spacer if needed; puffs one(1) minute apart)
<input type="checkbox"/> Give Nebulizer treatment.
<input type="checkbox"/> Notify Parent/Guardian.
<input type="checkbox"/> Other: _____

****Call 911 if symptoms get worse****

Additional information: _____

Medical Provider: _____ Phone Number: _____

Parent Name (Print): _____ Phone Number: _____

Parent Signature: _____