



RAMSEY PUBLIC SCHOOL DISTRICT
 256 East Main Street, Ramsey, NJ 07446
 201-785-2300

Student RAD/Asthma Action Plan – Medication Authorization

For use of inhaler and/or nebulizer

Student: _____ School: _____ Grade: _____

Parent/Guardian #1 _____ Cell Phone: _____ Other: _____

Parent/Guardian #2 _____ Cell Phone: _____ Other: _____

Emergency Contact: _____ Cell Phone: _____ Other: _____

Physician: _____ Office Phone: _____

Permission to administer if the following occur: Cough, mild wheeze, tight chest, coughing at night, recent exposure to trigger, during or after illness, other: _____

MEDICINE	HOW MUCH to take and HOW OFTEN to take it
<input type="checkbox"/> Albuterol MDI (Pro-air, Proventil, Ventolin)	2 puffs every 4 hours as needed
<input type="checkbox"/> Xopenex	2 puffs every 4 hours as needed
<input type="checkbox"/> Albuterol <input type="checkbox"/> 1.25 mg <input type="checkbox"/> 2.5 mg	1 unit nebulized every 4 hours as needed
<input type="checkbox"/> Duoneb	1 unit nebulized every 4 hours as needed
<input type="checkbox"/> Xonpenex (Levalbuterol) <input type="checkbox"/> 0.31mg <input type="checkbox"/> 0.63mg <input type="checkbox"/> 1.25mg	1 unit nebulized every 4 hours as needed
<input type="checkbox"/> Combivent Respimat	1 inhalation 4 times a day
<input type="checkbox"/> Other	

Permission to administer if symptoms are getting worse and the following occur:
 Breathing is hard or fast, nose opens wide, ribs show, trouble walking and talking, blue lips, fingernails blue, Other: _____

ADMINISTER THESE MEDICINES NOW and CALL 911

MEDICINE	HOW MUCH to take and HOW OFTEN to take it
<input type="checkbox"/> Albuterol MDI (Pro-air, Proventil, Ventolin)	4 puffs every 20 minutes
<input type="checkbox"/> Xopenex	4 puffs every 20 minutes
<input type="checkbox"/> Albuterol <input type="checkbox"/> 1.25 mg <input type="checkbox"/> 2.5 mg	1 unit nebulized every 20 minutes
<input type="checkbox"/> Duoneb	1 unit nebulized every 20 minutes
<input type="checkbox"/> Xonpenex (Levalbuterol) <input type="checkbox"/> 0.31mg <input type="checkbox"/> 0.63mg <input type="checkbox"/> 1.25mg	1 unit nebulized every 20 minutes
<input type="checkbox"/> Combivent Respimat	1 inhalation 4 times a day
<input type="checkbox"/> Other	

TRIGGERS:

Check all items that trigger patient's asthma:

- Colds/flu
- Exercise
- Allergens
 - Dust Mites, dust, stuffed animals, carpet
 - Pollen-trees, grass, weeds
 - Mold
 - Pets – animal dander
 - Pests – rodents, roaches
- Odors (Irritants)
 - Cigarette smoke
 - Perfumes, cleaning or scented products
 - Smoke from burning wood inside or outside
- Weather
 - Sudden temperature change
 - Extreme weather hot and cold
 - Ozone alert days

 Parent/Guardian Signature

 Date

 Physician's Signature

 Printed Name

 Date