Asthma Action Plan-Physician Section

Student Name: _____**Course #:** _____

Your patient has applied for participation in an Outward Bound course. They indicated a history of asthma. We request your help in developing a decision sequence protocol in treating your patient.

To participate in an Outward Bound course, students need:

a.) A signed Asthma Action Plan.
b.) Appropriate medication to control an acute exacerbation, should it occur.
c.) An understanding of when and how to use the medications.

Most students will be in the Mild Intermittent and occasionally the Mild Persistent category. The remote location of our courses greatly limits the response time to definitive medical care; therefore applicants who exhibit more sever symptoms are unlikely candidates for participation.

Outward Bound staff will carry epinephrine in their first aid kit, and through WFR or EMT training, are certified to administer it. Participants should come with their daily medications and those medications necessary to control an acute exacerbation, but **DO NOT** need to bring epinephrine. Your completion of this form is required for your patient's participation in Outward Bound.

Please fill out the following information and check a box in each category:

1. Patient has daily controller medications for asthma.
   - ☐ None
   - ☐ Daily Medication – Name:_____
   - ☐ Inhaled Steroid – Name: _____ #Puffs/day: _____

2. Patient has reliever medications for asthma.
   - ☐ None
   - ☐ Bronchodilator Name: _____#Puffs/day_____every_____hours

3. For acute asthma exacerbation: (Symptoms not responding to #1 and #2 protocol. Student will be evacuated following incident for evaluation.)
   - ☐ Bronchodilator Name: _____#Puffs/day_____every_____hours

   And/may need:
   - ☐ Prednisone 40mg 2x per day x 5 days or as indicated: _____
     *Please provide your patient with this prescription if necessary and it filled

4. Life threatening asthma exacerbations not responding to bronchodilators and/or Prednisone, student may be given:
   - ☐ Epinephrine (Anakit or Epipen) 1:1000 0.3 ml SQ
     (Student will be evacuated for follow-up care at a medical facility.)

Physician Name _____

Physician Signature _____ **Date** _____

Contact Number _____**Best day/time to reach you?** _____