

# Asthma Action Plan: Physician Section

Student Name: \_\_\_\_\_

Course #: \_\_\_\_\_

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

To attend an Outward Bound course, students with active (or recent history of) asthma need:

1. A signed Asthma Action Plan.
2. Appropriate medication to control an acute exacerbation, should it occur.
3. An understanding of when and how to use the medications.

Applicants with asthma are generally in the Mild Intermittent and, occasionally, the Mild Persistent categories. The remote locations of our courses greatly increases the response time to definitive medical care (6-24 hours); therefore, applicants' condition must be controllable in the wilderness, and unlikely to require evacuation.

Outward Bound staff carry epinephrine in the 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 one or more boxes in each category:**

1. Patient has daily controller medications for asthma.
  - None
  - Daily Medication (name and dosage): \_\_\_\_\_
  - Inhaled Steroid (name): \_\_\_\_\_ #puffs/day: \_\_\_\_\_
2. Patient has reliever medications for asthma.
  - None
  - Bronchodilator (name and dosage): \_\_\_\_\_
3. For acute asthma exacerbation (symptoms not responding to #1 and #2 protocol), patient has:
  - Bronchodilator (name and dosage): \_\_\_\_\_
  - Prednisone 40mg 2x/day x 5 days, or as indicated: \_\_\_\_\_  
(Please provide your patient with this prescription, if applicable)
4. Life threatening asthma exacerbations not responding to bronchodilators and/or Prednisone, student may be given:
  - Epinephrine 1:1000 0.3 ml SQ (Student will be evacuated for follow-up care at a medical facility.)

Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Best day/time to reach you: \_\_\_\_\_