



Staking A Claim in Our Students' Future

Phone 405-282-8900

**Cystic Fibrosis Action Plan**  
(To be completed by Physician/Healthcare Provider)

Student \_\_\_\_\_ DOB \_\_\_\_\_ School Year \_\_\_\_\_  
Physician \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Symptoms: (check all that apply)**

\_\_\_ Persistent coughing, at times with mucus \_\_\_ Fatigue \_\_\_ Wheezing or shortness of breath  
\_\_\_ Upset stomach \_\_\_ Recurrent respiratory infections \_\_\_ Smaller stature  
\_\_\_ Foul-smelling stools \_\_\_ Poor appetite

**Please check appropriate response:**

\_\_\_ No \_\_\_ Yes Special diet requirements \_\_\_\_\_  
\_\_\_ No \_\_\_ Yes Enzymes, needed at school (name) \_\_\_\_\_  
\_\_\_ No \_\_\_ Yes Nebulizer/Inhaler needed at school (name) \_\_\_\_\_  
\_\_\_ No \_\_\_ Yes Activity restrictions \_\_\_\_\_  
\_\_\_ No \_\_\_ Yes Special equipment needed at school \_\_\_\_\_

**ACTION PLAN**

If difficulty breathing	Call 911 if this happens
<ul style="list-style-type: none"> <li>● Stay calm and reassure student</li> <li>● Stay with student</li> <li>● Have student use inhaler, if available</li> <li>● Have student drink warm water</li> <li>● Call parent</li> <li>● Other: _____</li> <li>_____</li> <li>_____</li> </ul>	<ul style="list-style-type: none"> <li>● Chest/neck retracting when breathing</li> <li>● Student is hunched over</li> <li>● Student is struggling to breathe</li> <li>● Blue lips or fingernails</li> <li>● Difficulty walking or talking</li> <li>● Other: _____</li> <li>_____</li> <li>_____</li> </ul>

**Classroom Information/Accomodations (as needed):**

- Allow student to cough as needed - never encourage them to suppress their cough.

*(Continued on PG. 2)*



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- Exercise and activities at recess and PE should be as tolerated.
- Allow frequent rest periods as needed and indicated by student.
- If sending student anywhere, send with an escort.
- Other: \_\_\_\_\_  
\_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_