



ASTHMA EMERGENCY PLAN

Student Name: _____ School year: _____

DOB: _____ Grade _____ Teacher: _____

Parent/Guardian: _____ Phone (____) _____

1) Emergency Contact: _____ Phone (____) _____

2) Emergency Contact: _____ Phone (____) _____

3) Emergency Contact: _____ Phone (____) _____

Health Care Provider: _____ Phone (____) _____

Hospital in case of Emergency: _____

<u>Symptoms (If you see this)</u>	<u>Actions To Take (Do This)</u>
<ul style="list-style-type: none"> ❖ Breathing trouble <ul style="list-style-type: none"> ✓ Unusually fast or slow ✓ Unusually deep or shallow ✓ Gaspings, wheezing, coughing ✓ feels short of breath ❖ Difficulty talking or walking ❖ Tightness in chest, upset stomach, restless, anxious ❖ Blue or gray discoloration on lips or fingernails ❖ Other _____ 	<ul style="list-style-type: none"> ❖ Remain calm; Reassure and stay with student. ❖ *Give medication: Name: _____ Route: <u> Inhaler/Neb </u> Dose: _____ Frequency: _____ Location of med: _____ ❖ Notify school health office ❖ Have student sit up and breathe evenly, breathing through nose, and breathing out with pursed lips. ❖ Give room temperature water to sip. ❖ Elevate arms to shoulder level and provide support for arms (desk or back of chair). ❖ Notify parent/guardian/emergency contact ❖ Document incident <p>*by law a completed and signed medication form must be on file at the school before medication can be administered at school</p>

CALL 911 IF STUDENT HAS:

~ No improvement 5-10 minutes after using medication OR if no medication available

~ Breathing symptoms worsen:

- Chest and neck pulled in with breathing
- Child is struggling to breathe
- Trouble walking/Talking
- Lips or fingernails are gray or blue
- Increasing anxiety, confusion

I authorize school personnel to implement this ASTHMA EMERGENCY PLAN as described. I give my consent for school authorities to take appropriate action for the safety and welfare of my child. I give my consent for school authorities to communicate with the authorized health care provider when necessary.

- **MY CHILD DOES NOT NEED SERVICES**

Parent/Guardian Signature

Date