EDEN PRAIRIE SCHOOLS

Photo of child

NAME: _____
DOB: _____ Gender: M F Grade: _____ Nickname: _____
Home RoomTeacher: _____ Primary Language: _____

ASTHMA EMERGENCY CARE PLAN

Person to Contact	Relationship	Primary Phone	Secondary Phone
1.			
2.			
3.			
Health Care Provider Treating Student for Asthma:			Phone:
CIRCLE factors that may cause an asthma episode: cold weather, cigarette smoke, dust mites, exercise, respiratory infection, strong odor, pollens, mold, foods and/or OTHER: _____			

IF YOU SEE / HEAR THIS

- Difficulty breathing
- Wheezing
- Shortness of Breath
- Coughing
- Chest tightness
- Symptoms with play, exercise, or other daily activities

DO THIS

- Stay with student, speak softly, and stay calm
- Keep person sitting upright and encourage slow deep breathing – in through the nose and out through puckered lips
- Give sips of water
- Give quick–relief medication as ordered
  Name and Location of medication: _____
- Other: _____

CALL 911 if …

- No relief from medication
- Continuous spasmodic coughing
- Trouble walking or talking
- Lips or fingernails turning (darkening) grey or blue
- Increased anxiety or confusion
- Grunting respirations
- Restlessness
- Exhaustion
- Neck muscles tighten

✸ Administer CPR if breathing stops! Continue until paramedics arrive! ✸

Current medications: _____

☐ My child, _____, has my permission and a physician's order to carry his/her inhaler during the school day.

☐ I want this plan implemented for my child, _____, in school. I give my permission for exchange of confidential information contained in the record of my child between the nurse and physician. My signature is an informed consent to share this medical information with school staff as a need to know for academic success and emergency plan as determined by the school nurse.

Parent/Guardian Signature: _____ Date: _____
LSN Signature: _____ Date: _____
Plan Reviewed – LSN Initials: _____ Parent Initials: _____ Date: _____
Plan Reviewed – LSN Initials: _____ Parent Initials: _____ Date: _____

RETURN THIS FORM TO THE HEALTH ROOM