

## LEWIS CENTRAL SCHOOLS EMERGENCY FORM FOR ASTHMA/ANAPHYLAXIS

Date of Incident \_\_\_\_\_ Time \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

**STEP 1 Assessment of Incident: (Check appropriate boxes)**

Assessment for Asthma		Assessment for Anaphylaxis	
Chest Tightness		Skin: (warm, itching, flushing, hives)	
Wheezing		Abdominal: (pain, nausea, vomiting, diarrhea)	
Coughing		Respiratory: (sneezing, swelling of the lips, mouth, tongue, throat, lump or tightness in the throat, hoarseness, shortness of breath, difficulty inhaling)	
Shortness of breath			
Inability to speak			
Retractions		Cardiovascular: (headache, fainting, loss of consciousness, rapid heart rate, no pulse)	
Cyanosis			
Anxious, restless		Mental status: (apprehension, anxiety, irritability, restlessness)	

**STEP 2 Call 911:** Time squad called \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

**STEP 3 Indicate time of treatment if administered**

Rescue inhaler used at \_\_\_\_\_ Time \_\_\_\_\_ Name \_\_\_\_\_ No. puffs \_\_\_\_\_

Nebulizer treatment (nebulized albuterol .5cc with 3cc saline) administered at \_\_\_\_\_ until \_\_\_\_\_

Number of vials used \_\_\_\_\_ Epi-Pen Junior (children 50 lbs. or below) administered at \_\_\_\_\_

Epi-Pen Adult (children and adults above 50 lbs.) administered at \_\_\_\_\_

CPR initiated at \_\_\_\_\_

**STEP 4 Follow-up**

Transported to which hospital \_\_\_\_\_ Time paramedics on location \_\_\_\_\_

Parent/emergency contact \_\_\_\_\_ Time called \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Staff Member Signature \_\_\_\_\_