

ST. MARY'S COUNTY PUBLIC SCHOOLS  
 Department of Student Services  
**EMERGENCY ACTION PLAN – ASTHMA -WITHOUT MEDICATION ORDER**

Student Name:		DOB:	Date Initiated:
Teacher:	Grade:	School:	
<b>BUS INFORMATION</b>			
Bus # to school: _____ Bus # from school: _____ Additional Bus #'s: _____			
Emergency actions while the student is on the bus:			
<input type="checkbox"/> Follow the emergency action plan below. <input type="checkbox"/> Other: _____			

<b>GREEN ZONE – Doing Well – No Actions Are Needed</b>
<ul style="list-style-type: none"> <li>No cough, wheeze, chest tightness, or shortness of breath during the day or night</li> <li>Can do usual activities</li> <li>Peak flow: more than _____ (80 percent or more of my best peak flow). My best peak flow is: _____.</li> </ul>

**If a student-specific rescue medication is NOT available, but SMCPs stock albuterol inhaler IS available:**

**Pre-Kindergarten** - use **ONLY** if the student has an active asthma rescue medication school order **AND** the student's medication is **NOT** available.

**Kindergarten - 12th Grade** - use the SMCPs stock albuterol inhaler

<b>YELLOW ZONE – ASTHMA IS GETTING WORSE – Use Rescue Medication(s), Notify the school nurse, if available, call parent/guardian</b>
<ul style="list-style-type: none"> <li>Cough, wheeze, chest tightness, shortness of breath</li> <li>Cough at night</li> <li>Can do some, but not all, usual activities</li> <li>Other: _____</li> <li>Peak flow: _____ to _____ (50 to 79 percent of my best peak flow)</li> </ul>

<b>RED ZONE – MEDICAL EMERGENCY – Continue Rescue Medication(s) and CALL 911. Notify the school nurse, if available, call parent/guardian after calling 911</b>
<ul style="list-style-type: none"> <li>Rescue Medication is not helping within 15-20 minutes of the student receiving it.</li> <li>Symptoms are getting worse (i.e., breathing is hard and fast or difficult, widening of the nostrils while breathing, pulling in of muscles of neck or chest, lips or fingernails blue, trouble walking, inability to speak in full sentences without taking a breath)</li> <li>Cannot do usual activities</li> <li>Other: _____</li> <li>Peak flow: _____ (less than 50% personal best)</li> </ul>

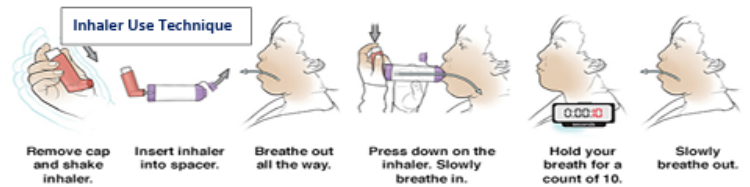
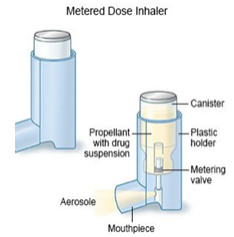
STUDENT'S ORDERED EMERGENCY MEDICATIONS FOR SCHOOL				
Emergency Medication:	Yes	No	Self-Carry	Yes No
Name of Emergency Medication:				
Location of Emergency Medication:				
Additional Medication/Procedure Notes:				

CONTACT INFORMATION	
Parent/Guardian #1:	Parent/Guardian #2:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Emergency Contact:	Phone:

Physician's Name/Signature:	Physician's Phone #:
Parent/Guardian Signature:	Date:
School Nurse Signature:	Date:

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**HOW TO USE A METERED-DOSE INHALER**

1. Take off the cap. Shake the inhaler.
2. Prime the inhaler by spraying one dose into the air, pointing away from people.
3. Use a spacer if available. If a spacer is used, put the inhaler on the end of the spacer.
4. Have the student stand up or sit up straight.
5. Instruct the student to breathe out completely to empty the lungs.
6. Instruct the student to place the mouthpiece in their mouth and close lips OR use the mask if provided and form a tight seal.
7. As the student starts to breathe in, instruct them to press down firmly on the top of the medicine canister to release one “puff” of medicine. Continue to breathe in slowly for 3 to 5 seconds. Taking as big a breath as possible.
8. Have the student hold their breath and count to 10.
9. Instruct the student to take the mouthpiece out and release their breath.
10. If the action plan says to take more than 1 puff of medicine, wait 30–60 seconds between puffs. Repeat steps 3 through 8 for each puff needed.
11. Clean inhaler.



Adapted from the NIH- National Heart, Lung and Blood Institute

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

D.O.B. \_\_\_\_\_

Emergency Action Plan (EAP) was reviewed by the following staff, and applicable training was provided.  
 Training included:

Date	Name	Job Title/Position	School Nurse Signature