

Date Plan was Developed: _____

School Year: _____

Elma School District – Building: _____

ASTHMA

Emergency Care Plan - Never send student with any asthma symptoms anywhere alone!!!!!!

Student Name: _____

DOB: _____

Parent/Guardian: _____

Cell: _____

Work: _____

Emergency Contact: _____

Cell: _____

Work: _____

Emergency Contact: _____

Cell: _____

Work: _____

Physician: _____

Phone: _____

Current Medication: Albuterol inhaler as needed

Allergies:

TRIGGERS:

SYMPTONS and SIGN of an ASTHMA ATTACK

EARLY SIGNS	MODERATE	SEVERE
Beginning cough Shortness of breath Tickle in throat or itchy throat Fatigue Headache Agitation, behavior changes Says it is difficult to breathe *Student's usual signs/symptoms	Chest tightness Shortness of breath Unusual sounds with breathing Anxious look, scared Sweaty Shoulders hunched over Nostrils are flaring Says it is difficult to breathe *Student's usual signs/symptoms	Lips, nails, or mucous membranes are pale, gray, or bluish Vomiting persistently with coughing Rapid pulse (over 120 per minute) Gasping breaths (over 30 per minute) Struggling to breathe Chest and neck "pulling in" with breathing Severe restlessness Unable to speak in complete sentences without taking a breath Decreasing or loss of consciousness Shows no improvement within 15 minutes after medication *Student's usual signs/symptoms

IF YOU SEE THIS	DO THIS Never send student anywhere alone!!!!!!	TIME <i>Initial</i>
EARLY or MODERATE SIGNS	Student is authorized to self-carry medication during the school year. Back-up inhaler in health office: Yes or No. Sit student in upright position, offer water if available. Instruct to breathe in through nose and out through pursed lips slowly and deeply Check time of last dose of medication. Give medication by inhaler: Albuterol (pro-air/ventolin) ___ puffs by mouth every ___ hours as needed for relief of asthma symptoms noted above. May pre-treat ___ minutes prior to PE Assist student to inhale medication slowly and fully.	
NO IMPROVEMENT WITHIN 15 MINUTES after medication or SEVERE SYMPTOMS	Call 911 Notify parents. If possible, adult trained in CPR/Rescue Breathing stays with student until 911 arrives.	
BREATHING STOPS	Begin CPR	

Note time of arrival and departure of ambulance; complete this form, initial, and send a copy of form with the ambulance.

My signature below indicates my involvement and agreement with the above emergency action plan:

1. _____

2. _____

3. _____

Parent/Guardian Date

Primary Health Professional Date

Registered Nurse Date