# Asthma Action Plan For School

(To Be Completed By Health Care Provider and Parent)

Student Name: _____ Date of Birth: _____

**Asthma Triggers:** _____

**Daily Medications:** _____

| 1. Safe Zone: | 1. Action: |
|---|---|
| Child has any of these:<br>• Breathing is good.<br>• No cough or wheeze<br>• Can work/play<br><br>Peak flow in this area most of the time is:<br>_____ to _____. | ☐ Avoid asthma triggers.<br><br>☐ Use _____ medication 20 minutes prior to exercise. |

| 2. Caution Zone: | 2. Action: |
|---|---|
| Child has any of these:<br>• Cough<br>• Wheeze<br>• "Tight" Chest<br>• Difficulty with work/play<br><br>Peak flow in this area most of the time is:<br>_____ to _____. | ☐ Use _____ medication.<br><br>☐ Limit activity.<br><br>☐ Call parent if quick relief medicine is used more than _____ times in one week.<br><br>☐ Call doctor if quick relief medicine is used more than _____ times in one week. |

| 3. Danger Zone: | 3. Action: |
|---|---|
| Child has any of these:<br>• Medicine not helping.<br>• Breathing hard & fast.<br>• Nostrils flaring.<br>• Can't walk or talk well.<br>• Ribs showing.<br><br>Peak flow in this area most of the time is:<br>_____ to _____. | ☐ Use _____ medication.<br><br>☐ Notify parent.<br><br>☐ Notify doctor.<br><br>☐ Call 911.<br><br>☐ Perform CPR if necessary. |

HealthCare Provider: _____ Phone#_____
(Please Print) Fax#_____
Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date:_____

Home Phone#_____ Work Phone#_____ Cell Phone#_____

**It is the responsibility of the parent and physician to notify the school and provide an updated copy of the plan upon any change needed.**

# Seizure Action Plan For School

(To Be Completed By Health Care Provider and Parent)

Student Name: _____ Date of Birth: _____

**Trigger(s):** _____

**Daily Medication(s):** _____

| **1. If you see this:** | **1. Do this:** |
|---|---|
| Blank staring with an inability to focus or speak | ☐ Note the time the behavior begins.<br>☐ Call the office for nurse or trained person.<br>☐ If lasts longer than _____ minutes, trained person to give _____.<br>☐ Report to parent.<br>☐ Allow rest if needed.<br>☐ Other: |

| **2. If you see this:** | **2. Do this:** |
|---|---|
| Jerking of localized area of body/muscle tension of localized area of body. | ☐ Note the time the behavior begins.<br>☐ Clear all objects from surrounding area.<br>☐ If appears unsteady on chair/feet, place onto lying position on left side on floor.<br>☐ Loosen any tight clothing from neck.<br>☐ Call the office for nurse or trained person.<br>☐ If lasts longer than _____ minutes, trained person to give _____.<br>☐ Report to parent.<br>☐ Allow rest if needed.<br>☐ Other: |

| **3. If you see this:** | **3. Do this:** |
|---|---|
| Jerking of entire body/muscle tension of entire body. | ☐ Note the time the behavior begins.<br>☐ Clear all objects from surrounding area.<br>☐ Place onto lying position on left side on floor.<br>☐ Loosen any tight clothing from neck.<br>☐ Call the office for nurse or trained person.<br>☐ If lasts longer than _____ minutes, trained person to give _____.<br>☐ Report to parent.<br>☐ Allow rest if needed.<br>☐ Other: |

HealthCare Provider: _____ Phone# _____
(Please Print) Fax# _____
Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
Home Phone# _____ Work Phone# _____ Cell Phone# _____

**It is the responsibility of the parent to notify the school and provide an updated plan upon any change.**

# Allergic Reaction Action Plan for School

(To Be Completed By Health Care Provider and Parent)

Student Name: _____ Date of Birth: _____

**Trigger(s):** _____

**Daily Medication(s):** _____

| **1. Safe Zone:** | **1. Action:** |
|---|---|
| Child has no symptoms of allergic reaction and had no exposure to any trigger. | ☐ Avoid trigger(s). |

| **2. Caution Zone:** | **2. Action:** |
|---|---|
| Child has been exposed to trigger. | ☐ Closely observe child for 2 hours for signs of allergic reaction.<br>☐ Give _____ medication(s). (If EpiPen, must call 911 after given.)<br>☐ Notify parent. |

| **3. Danger Zone:** | **3. Action:** |
|---|---|
| Child has any of the following:<br>☐ Rash or hives<br>☐ Unusual swelling<br>☐ Gastric upset/distress<br>☐ Complaints of itching<br>☐ Other: _____ | ☐ Use _____ medication(s). (If EpiPen, must call 911 after given.)<br>☐ Notify parent.<br>☐ Notify doctor. |

| **4. Extreme Danger Zone:** | **4. Action:** |
|---|---|
| Child has any of the following:<br>☐ Difficulty breathing, wheezing, repetitive cough<br>☐ Faint, rapid pulse<br>☐ Loss of consciousness<br>☐ Other: _____ | ☐ Use _____ medication(s). (If EpiPen, must call 911 after given.)<br>☐ Call 911.<br>☐ Give CPR if needed until EMS arrives. |

HealthCare Provider: _____ Phone#_____
(Please Print) Fax#_____
Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Home Phone#_____ Work Phone#_____ Cell Phone#_____

**It is the responsibility of the parent and physician to notify the school and provide an updated plan upon any changes.**

# DIABETES EMERGENCY ACTION PLAN

Picture

**Student Name:**_____ **DOB** _____ **Grade:**_____

**Parent/Guardian:**_____ **Phone(s):**_____

## CHECK BLOOD GLUCOSE

| Below 70 (or _____) (Hypoglycemia) | | 70 – 90 | 91 – 125 | 126 – 250 | Above 250 (or _____) (Hyperglycemia) | |
|---|---|---|---|---|---|---|
| ONSET: Sudden | | or _____ | or _____ | or _____ | ONSET: Over time – several hours or days | |
| ***SEVERE HYPOGLYCEMIA**<br>Combative<br>Inability to swallow<br>Unable to control airway<br>Loss of consciousness<br>Seizure | **MODERATE HYPOGLYCEMIA**<br>Blurry Vision Confusion<br>Weakness Headache<br>Sleepiness<br>Behavior change<br>Poor coordination<br>Slurred speech | **MILD HYPOGLYCEMIA**<br>Hunger Weakness<br>Paleness Irritability<br>Dizziness Sweating<br>Crying Anxiety<br>Shakiness Headache<br>Poor concentration<br>Personality change<br>Drowsiness | If exercise is planned before a snack or meal (including recess) the student must have a snack before participating. | Student is fine. | **MILD/MODERATE HYPERGLYCEMIA**<br>Thirst<br>Frequent Urination<br>Stomach pains<br>Fatigue/sleepiness<br>Flushing of skin<br>Increased hunger<br>Blurred vision<br>Lack of concentration<br>Sweet, fruity breath<br>Dry mouth | ***SEVERE HYPERGLYCEMIA**<br>Mild and moderate symptoms plus:<br>Labored breathing<br>Confused<br>Very weak<br>Unconscious |
| **ACTIONS FOR SEVERE HYPOGLYCEMIA**<br>1. Don't attempt to give anything by mouth.<br>2. Position on side, if possible.<br>3. Contact trained diabetes personnel.<br>4. Disconnect insulin pump.<br>5. Administer glucagon, if prescribed.<br>**6. Call 911.**<br>7. Contact parents/guardian.<br>8. Stay with student. | **ACTIONS FOR MODERATE HYPOGLYCEMIA**<br>1. Give student fast-acting sugar source<br>2. Wait 10 to 15 minutes.<br>3. Recheck blood glucose.<br>4. Repeat food if symptoms persist OR blood glucose is less than 70.<br>5. Follow with a snack of carbohydrate and protein (e.g.,cheese and crackers). | **ACTIONS FOR MILD HYPOGLYCEMIA**<br>If student's blood sugar result is immediately following strenuous activity, give an additional fast-acting sugar. | | | **ACTIONS FOR MILD/MODERATE HYPERGLYCEMIA**<br>1. Allow liberal bathroom privileges.<br>2. Encourage student to drink water or sugar-free drinks.<br>3. Check blood glucose & administer insulin per physician orders<br>4. Contact parent if blood sugar is over 300 mg/dl. | **ACTIONS FOR SEVERE HYPERGLYCEMIA**<br>1. If student vomits or is lethargic call parent.<br>2. If parent is unavailable contact 911. |
| **Causes of Hypoglycemia:**<br>Too much insulin, missed food, delayed food, or exercise | | | | | **Causes of Hyperglycemia:**<br>Too much food, too little insulin, illness, stress, or decreased activity | |

**FAST ACTING SUGAR SOURCES:**

3-4 glucose tablets **OR** 4 ounces juice **OR** 6 ounces regular soda **OR** 3 teaspoons glucose gel **OR** 3 teaspoons sugar in water

**Never send a child with suspected low blood glucose anywhere alone!!!**

**Never provide insulin coverage for carbohydrate/glucose being used to treat hypoglycemia.**

***Severe symptoms are a life-threatening emergency**