

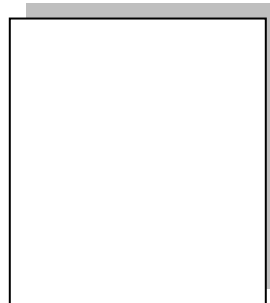
# ASTHMA

## Eastchester Union Free School District EMERGENCY ACTION PLAN

Student's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ (H) \_\_\_\_\_

PHOTO ID



(C): \_\_\_\_\_ (W) \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ (H) \_\_\_\_\_

(C): \_\_\_\_\_ (W) \_\_\_\_\_

Emergency Contact:

\_\_\_\_\_ (H) \_\_\_\_\_

(C): \_\_\_\_\_ (W) \_\_\_\_\_

Asthma Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### Signs of an asthma attack include:

- |  |  |
|--|--|
| ✓ difficulty catching breath; chest tightness; chest hurts | ✓ coughing or wheezing                   |
| ✓ itchy chin or neck; neck feels funny                     | ✓ child appears restless or anxious      |
| ✓ difficulty breathing; rapid breathing                    | ✓ chest or neck pulled in with breathing |
| ✓ child is hunched over to breathe                         | ✓ stops activity and sits still          |
| ✓ lips or fingernails turn blue or gray                    |  |

THE SEVERITY OF SYMPTOMS CAN QUICKLY CHANGE. ALL ABOVE SYMPTOMS CAN POTENTIALLY PROGRESS TO A LIFE-THREATENING SITUATION!

### ACTION:

1. Call school nurse or administration if the school nurse is not available.
2. If an asthma attack is suspected, give inhaler or assist self-directed student to administer his/her own inhaler.
3. Nebulizer treatments can only be administered by the school nurse
4. Monitor for symptoms

### **IF SYMPTOMS WORSEN:**

5. Do not leave student alone.
6. Call 911.
7. Call parent or guardian.
8. Inform building administration that 911 has been called.
9. Keep the student calm.

### **Emergency Asthma Medications:**

Name of student's inhaler medication: \_\_\_\_\_ Administer 2 puffs/inhalations as ordered by Healthcare Provider

Check here if a spacer is used with metered dose inhaler

**Comments/Special Instructions:** \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature gives permission to speak to child's physician/practitioner and school staff as needed