


Salado ISD Health Services Emergency Plan for Asthma

Guidance for Non-licensed School Personnel

Year: _____ Campus: _____

Student		DOB	SISD ID #	Grade/HR
Condition for which medication is required:		Has student had an asthma attack in the last 3 months that required an emergency room visit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Known triggers that should be avoided: <input type="checkbox"/> No <input type="checkbox"/> Yes (explain):		Physical Restrictions: <input type="checkbox"/> No <input type="checkbox"/> Yes (explain):		
Medication	Dosage/Route	Times	Expiration Date	
Permitted to carry & self-administer inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No (nurse to complete back if yes)	Pharmacy	Specific instructions, precautions, side effects on your child:		
Medication at school: <input type="checkbox"/> N/A <input type="checkbox"/> In Health Office <input type="checkbox"/> Student carries in: _____ <input type="checkbox"/> Other: _____				
ASTHMA EMERGENCY PLAN: ACTIONS TO TAKE FOR MINOR SYMPTOMS				
If You See Any Of These: <ul style="list-style-type: none"> • Student complains of shortness of breath • Wheezing • Persistent coughing • Tightness in the chest • _____ 		<ul style="list-style-type: none"> • Stop activity • **Student Needs their asthma medication • Call the nurse/ office for assistance • Sit student up in comfortable position • Stay with student- DO NOT LEAVE ALONE • Encourage drinking water to thin mucus (warm water best if available) • May repeat inhaler _____ puffs, _____ times or every _____ min. up to one hour if symptoms persist or worsen. (See below) • Other instructions: 		
ACTIONS TO TAKE FOR MAJOR SYMPTOMS				
If You See Any Of These SEVERE SYMPTOMS: <ul style="list-style-type: none"> • Difficulty talking due to shortness of breath • Student becomes very anxious • Using neck muscles when breathing • Gasping for air • Pale or bluish tint around mouth/face/fingertips 		<ul style="list-style-type: none"> • Call or have someone CALL 911 • Continue to assist student with their asthma medication as directed above • Call the nurse/office for assistance • Start CPR if indicated 		
Shake up & down to prime inhaler, remove mouthpiece cover and have student breathe out & release air from lungs	Hold inhaler straight up, place mouthpiece in mouth, close lips tightly around it		As inhaling, press down on top of inhaler & release a dose medication into lungs	Hold breath for up to 10 seconds, then wait one minute then repeat
Additional instructions:				
PHYSICIAN/PARENTAL AUTHORIZATION FOR EMERGENCY PLAN FOR ASTHMA				
Physician authorization: Print Name		Physician Signature		Physician Phone Date
I grant permission to SALADO ISD to administer this medication to my child. I am giving permission to SISD staff to contact my physician for additional information if necessary. If the school nurse deems it necessary, I grant permission to notify my child's teacher(s) of his health condition. I understand that a medically untrained designee of the principal may give the medication.				
<input type="checkbox"/> I request that my child be permitted to carry their inhaler on their person in school and use in case on an asthma attack				
Parental Authorization: Signature		Best emergency phone	Other phone	Date
Emergency Contact		Phone	Other phone	
School Use Only				
Plan Developed by(nurse):	Date	Caregiver Trained	Date	
Caregiver Trained	Date	Caregiver Trained	Date	

Salado ISD Health Services
Emergency Plan for Asthma

Guidance for Non-licensed School Personnel

Year: _____ Campus: _____

Student Name	DOB	SISD #	Grade/Homeroom	Bus #

Asthma: Care Plan Review

Printed Name	Signature	Position/Relationship	Date	Instructor Initials

THE FOLLOWING IS TO BE COMPLETED BY THE SCHOOL NURSE for student who will carry and self-administer their asthma medication:

OBSERVED

- Yes No**
- ☐ ☐ Health care action plan complete
 - ☐ ☐ Demonstrated correct use/administration of asthma inhaler
 - ☐ ☐ Recognizes proper and prescribed timing for medication
 - ☐ ☐ Agrees not to share medication with others
 - ☐ ☐ Agrees to keep medication in : _____ (location)
 - ☐ ☐ Agrees to come directly to the Nurse's Office if asthma symptoms persist
 - ☐ ☐ Carries medication self-administration pass with medication
 - ☐ ☐ Keeps a second label container in the Nurse's Office

☐ **The student has demonstrated the purpose, appropriate method and frequency of his/her meter dose inhaler. I feel he/she shows sufficient responsibility to carry the inhaler on his/her person in school.**

Nurse Signature	Date