



Asthma Emergency Care Plan



Student: _____ Grade: _____ DOB: _____

Asthma Triggers: _____

Mother: _____ Cell #: _____ Work _____

Father: _____ Cell #: _____ Work #: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

***Parent/Guardian Signature _____ Date: _____**

Staff; Notify school nurse at 4610 for any of the following symptoms:

SYMPTOMS OF AN ASTHMA EPISODE MAY INCLUDE ANY/ALL OF THESE:

- **CHANGES IN BREATHING:** coughing, wheezing, breathing through mouth, shortness of breath,
VERBAL REPORTS of chest tightness, chest pain, cannot catch breath, dry mouth, “neck feels funny”, doesn’t feel well, speaks quietly.
- **APPEARS:** anxious, sweating, nauseous, fatigued, stands with shoulders hunched over and cannot straighten up easily.

SIGNS OF AN ASTHMA EMERGENCY:

- Breathing with chest and/or neck pulled in, sits hunched over, nose opens wide when inhaling. Difficulty in walking and talking.
- Blue-gray discoloration of lips and/or fingernails.
- Failure of medication to reduce worsening symptoms with no improvement 15 – 20 minutes after initial treatment.
- Respirations greater than 30/minute.
- Pulse greater than 120/minute.

*Parent/Guardian to supply medications and supplies

TREATMENT:

Stop activity immediately. Help students assume a comfortable position. Sitting up is usually more comfortable. Encourage purse-lipped breathing. Encourage fluids to decrease thickness of lung secretions.

Orders for nurse; give medication(s) as ordered:

Observe for relief of symptoms. If no relief noted in 15 – 20 minutes, follow steps below for an asthma emergency.

STEPS TO FOLLOW FOR AN ASTHMA EMERGENCY:

- Call 911 (Emergency Medical Services) and inform them that you have an asthma emergency. Call parents/guardian and healthcare provider. Inform paramedics of the student’s age, symptoms, and what medications he/she has taken and usually takes.
- A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present. Preferred Hospital if transported: _____

***Healthcare Provider: _____ Phone: _____**

***Signature and stamp: _____ Date: _____**

This plan is in effect for the current school year and summer school as needed.

For health office use: meds in health office yes/no

Revised 1/08