

Fox Chapel Area School District
Individualized Health Care Plan – Asthma

Signs of a Severe Asthma Attack

Difficulty breathing, difficulty walking or talking, hunched posture, blue lips or fingernails, or chest and neck pulling in with each breath.

Emergency Action Plan

1. If a severe asthma attack is suspected, give:

Medication/Dose/Route: _____

Then: _____ IMMEDIATELY

2. Call 911 (Activate EMS) immediately.

3. Notify Parent/Guardian.

Inhalers and Nebulizers

☐ Nurse's office (Date submitted: _____)

☐ Student will carry inhaler at all times.

☐ Specific designated area: _____

☐ Student agrees not to remove inhaler except for use.

☐ Other: _____

Self-Administration of Inhaler

Does the student self-administer an inhaler? ☐ Yes ☐ No

- Understand symptoms associated with the need for the inhaler.
- Know proper inhaler technique.
- Never share the inhaler with another student.
- Seek help if a severe asthma attack occurs.

Field Trips

Necessary arrangements:

Additional Guidelines or Special Precautions

Authorization

My signature indicates that I have completed the above information and agree with the recommended actions. I also authorize the release of this Individualized Health Care Plan to employees of the Fox Chapel Area School District.

Parent/Guardian Signature: _____

Date: _____

Physician's Signature: _____

Date: _____