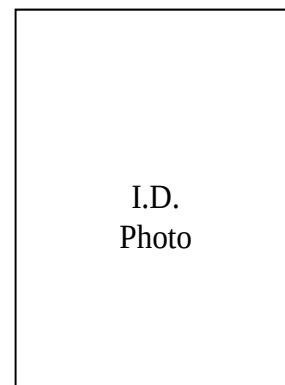


EMERGENCY ACTION PLAN ASTHMA

Name of Student _____

Grade _____ Homeroom _____ Bus Rider (circle) YES NO Bus # _____



Signs and symptoms of an asthma attack:

• Coughing	• Itchy chin or neck
• Wheezing	• C/o “chest hurts or is tight”
• Short of breath	• C/o “neck feels funny”
• Rapid breathing	• C/o “I don’t feel well”
• Mouth is dry	• Other
• Clipped speech	

Steps to take during an asthma episode:

1. Never leave the child alone.
2. Check peak flow.
3. Give medication as listed below:

Name of Medication	Dosage	When to Use

1. Student should respond to treatment in 15-20 minutes.

2. Contact parent/guardian if _____.

3. SEEK EMERGENCY MEDICAL CARE if the student has any of the following:

- Peak flow of _____.
- Hard time breathing with:
 - Chest and neck pulled in with breathing.
 - Child is hunched over.
 - Child is struggling to breathe.
 - Child has anxiety or feeling of impending doom.
- Trouble walking or talking.
- Stops playing and can’t start activity again.
- Lips, inside of cheek, or fingernail are gray or blue.
- No improvement 15 –20 minutes after initial treatment with medication and parent or relative can’t be reached.

Emergency contact #1

Name _____ Relationship _____ Phone (h) _____ (w) _____

Emergency Contact #2

Name _____ Relationship _____ Phone (h) _____ (w) _____

Emergency Contact #3

Name _____ Relationship _____ Phone (h) _____ (w) _____

Child’s Physician _____ Phone _____

Parent/Guardian Signature _____ Date _____

Nurse Signature _____ Date _____

Any revision to the student’s IHP or EAP requires a new form to be completed, signed and dated by parent.