



Emergency Action Plan



ASTHMA

Student: _____ Grade: _____ DOB: _____ Bus #/BASC/Car _____

Asthma Triggers: _____ Last Known Attack: _____

Daily Medications: _____

Has the student also been diagnosed with allergies? ☐ Yes ☐ No Allergen(s): _____

This form should be completed by a parent/guardian and returned to the school nurse **the first week of school attendance**. Accurate emergency contact information should be filed with school administration and updated when needed by the student's parent/guardian. ***If medical issues arise related to significant health history Alexander County Schools staff will attempt to contact a parent/guardian by calling the phone numbers that have been provided by the student's parent/guardian. Otherwise and in case of an emergency 911 will be called.***

SIGNS OF AN ASTHMA ATTACK:

- **CHANGES IN BREATHING:** coughing, wheezing, breathing through mouth, shortness of breath.
- **VERBAL REPORTS of:** chest tightness, chest pain, cannot catch breath, dry mouth, doesn't feel well, speaks quietly.
- **APPEARS:** anxious, sweating, nauseous, fatigued, stands with shoulders hunched & 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.
- Respirations greater than 30/minute and/or pulse greater than 120/minute.
- No improvement of condition within 15-20 minutes after initial treatment.

TREATMENT:

Stop activity immediately.

Help student assume a comfortable position. Sitting up is usually more comfortable.

Encourage purse-lipped breathing.

Encourage fluids to decrease thickness of lung secretions.

☐ Give medication: _____

Location of Medication: _____ ☐ No medication ordered

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

Notify school nurse /First Response Team and parent /guardian.

STEPS TO FOLLOW FOR AN ASTHMA EMERGENCY:

- Call 911. A staff member should stay with student until medical personnel arrive.

Bus Transportation Plan: ☐ Medication available on Bus ☐ Medication **NOT** available on bus

Parent/Guardian Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

STAFF MEMBERS INSTRUCTED: ☐ Classroom Teacher(s) ☐ Special Area Teacher(s) ☐ Support Staff ☐ Transportation Staff