

Date Plan Was Developed: _____

ASTHMA- EMERGENCY CARE PLAN
 Is this condition potentially Life Threatening? **Yes_ No_**
 Never send student with any asthma symptoms anywhere alone!!!

Student Name : _____ **DOB:** _____ Student Picture _____

Parent/Guardian:	Home Phone:	Work Phone:
Emergency Contact:	Home Phone:	Work Phone:
Physician:	Phone:	
Teacher:	Allergies:	
Current Medication:		
Triggers:		

SYMPTOMS of an ASTHMA ATTACK

MILD	MODERATE	SEVERE
Cough Difficulty Breathing *Student's usual signs/symptoms	Chest tightness Difficulty Breathing Unusual sounds with breathing (Wheezing) Anxious (look scared) Nostrils flaring Shoulders hunched over *Student's usual signs/symptoms	Lips, nails, or mucous membranes are pale, gray, or bluish Rapid pulse (over 120 per minute) Gasping breaths (over 30 per minute) Chest and neck "pulling in" with breathing Severe restlessness Unable to speak in complete sentences without taking a breath Decreasing or loss of consciousness *Student's usual signs/symptoms

IF YOU SEE THIS	DO THIS Never send student anywhere alone!!!!	TIME <i>Initial</i>
MILD or MODERATE SIGNS	Medication Located: _____ If unable to go to health office, have meds brought to student if necessary Sit student in upright position, if conscious offer water. Instruct to breathe in through nose and out through pursed lips slowly and deeply. Check time of last dose of medication. *Give _____ by inhaler or nebulizer _____ hours apart Assist student to inhale medication slowly and fully.	
NO IMPROVEMENT WITHIN 15 MINUTES after medication	Notify parents. If possible, adult trained in CPR/Rescue Breathing stays with student.	
SEVERE SYMPTOMS	Call 911	
BREATHING STOPS	Begin CPR	

Note time of arrival and departure of ambulance; complete this form, initial, and send a copy of form with the ambulance.

Registered Nurse's Signature _____ Date _____ Principal's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____ Primary Health Care Provider's Signature _____ Date _____

The following staff members have been given a copy of this Emergency Care Plan: Parent Physician Principal
 Teacher(s) Resource PE Music Library Transportation Recess Office Other