

Asthma Emergency Care Plan

Student Name: _____ Date: _____
 Birthdate: _____ SS#: _____ Grade/Room: _____
 Parent's Name: _____ Phone: (____) _____
 Emergency Contact: _____ Phone: (____) _____
 Emergency Contact: _____ Phone: (____) _____
 Health Care Provider: _____ Phone: (____) _____
 Hospital In Case Of Emergency: _____

Asthma History: _____

Symptoms (If you see this)	Actions To Take (Do this)
<ul style="list-style-type: none"> ❖ Breathing trouble <ul style="list-style-type: none"> • Unusually fast or slow breathing • Breaths unusually deep or shallow • Gasping for breath, wheezing or coughing • Person feels short of breath ❖ Difficulty talking or walking ❖ Tightness in chest, upset stomach, restless, anxious ❖ Blue or gray discoloration or lips for fingernails ❖ Other _____ 	<ul style="list-style-type: none"> ❖ Remain calm. Reassure and stay with student. ❖ Give medication <ul style="list-style-type: none"> Name: _____ Route: Inhaler/Neb Dose: _____ Frequency: _____ Location of med: _____ ❖ Notify school health office. ❖ Have student sit up and breathe evenly, breathing through nose, and breathing out with pursed lips. ❖ Give room temperature water to sip. ❖ Elevate arms to shoulder level and provide support for arms (desk or back of chair). ❖ Notify parent/guardian/emergency contact. ❖ Other _____

Call 911

- ❖ If no improvement 5-10 minutes after using medication OR if no medication available.
- ❖ If worsening breathing symptoms
 - Chest and neck pulled in with breathing
 - Child is struggling to breathe
 - Trouble walking or talking
 - Lips or fingernails are gray or blue
 - Increasing anxiety, confusion

Signatures:

Parent/Guardian _____
 School Nurse _____
 Date to be reviewed: _____
 cc: Parent, Teachers, Phy Ed Teacher, Transportation, Other _____

Prevention Strategies: (Check if applicable)	Copy given to / date	Copy given to / date
____ Teacher information given (date) _____	_____	_____
____ Cover nose and mouth in cold weather	_____	_____
____ Use inhaler before exercise	_____	_____
____ Avoid contact with animals in classroom	_____	_____
____ Avoid known allergens (list) _____	_____	_____
____ Student to take controller medications daily	_____	_____
____ Other _____	_____	_____
_____	_____	_____