

To Be Completed by the Health Care Provider
ASTHMA
EMERGENCY CARE PLAN

Name: _____ Age: _____ Date of Birth: _____
 School: _____ Homeroom Teacher: _____ Grade: _____ Room: _____
 Parent/Caregiver Name: _____ Phone (home) _____ (cell): _____ (work): _____
 Health Care Provider Treating Student for Asthma _____ Phone: _____

To provide assistance to a pupil experiencing asthma symptoms.

<p><u>If you see or hear this</u></p> <ul style="list-style-type: none"> • Noisy breathing (wheezing) • Coughing • Shortness of breath • Complaining of chest tightness • or pressure on chest • Difficulty breathing <p>OTHER: _____</p> <p>Factors that may cause an asthma episode include: cold weather, cigarette smoke, dust mites, exercise, respiratory infection, strong odor, pollens, mold, foods and/or OTHER: _____</p>	<p style="text-align: center;"><u>Actions to Take</u></p> <ol style="list-style-type: none"> 1. Stay with student, speak softly, and stay calm 2. Keep person sitting upright and encourage slow deep breathing—in through the nose & out through puckered lips. 3. Give quick relief medication: <i>(circle or write in)</i> Albuterol Inhaler 2 puffs with spacer; If symptoms improve, may repeat in 4 hours. Other: _____ <p>Location of med: _____ <small>(School to complete)</small></p> <p>If symptoms continue, repeat in 5-10 minutes and have helper call 911. May repeat with 3-4 puffs every 20min x3 until medical help arrives.</p> <p><small>*A completed and signed Medication Form must be on file at the school for each medication before medication can be administered at school.</small></p>
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CALL 911 IF YOU SEE

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| <ul style="list-style-type: none"> • Breathing difficulty remains or worsens • Continuous spasmodic coughing • Increasing anxiety or confusion • Stooped body posture • Struggling or gasping for breath • Student having trouble talking or walking | <ul style="list-style-type: none"> • Skin pulling in around collarbone and ribs with breathing • Student stopping play and not able to start activity again, due to breathing problems • Lips or fingernails turning (darkening) grey or blue |
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Administer CPR if breathing stops! Continue until paramedics arrive!

Does student need medicine before PE/ recess? No Yes Med Location _____
 As Needed? No Yes Always use before exercise? No Yes (school to complete)
 Med: *(circle or write in)* Albuterol Inhaler – 2 puffs with spacer, 15-20 minutes before exercise
 Other _____

I authorize school personnel to implement this Asthma Emergency Plan as described.

 Health Care Provider Signature

 Date