

# ASTHMA EMERGENCY CARE PLAN

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone :( home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Health Care Provider Treating Student for Asthma: \_\_\_\_\_ Phone: \_\_\_\_\_

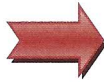
Location of Medication: (to be completed by school) \_\_\_\_\_

Does student need medicine before PE/ Recess?  Yes  No  
As Needed?  Yes  No Always use before exercise?  Yes  No  
Medication: (circle or write in)  
Albuterol (Ventolin) \_\_\_\_\_ puffs 15-20 minutes before exercise  
Other: \_\_\_\_\_

## TO PROVIDE ASSISTANCE TO A PUPIL EXPERIENCING ASTHMA SYMPTOMS

### If you see or hear this

- Noisy breathing (wheezing)
- Coughing
- Shortness of breath
- Complaints of chest tightness
- Or pressure in chest
- Difficulty breathing
- Other \_\_\_\_\_



### Actions to Take

1. Stay with student, speak softly, and stay calm
2. Keep person sitting upright and encourage slow deep breathing--- in through the nose and out through pursed lips.
3. Start quick relief (Rescue) medication: **(circle or write in)**
4. Albuterol (Ventolin) Inhaler \_\_\_\_\_ puffs every \_\_\_\_\_ hours  
\_\_\_\_\_ Inhaler \_\_\_\_\_ puffs every \_\_\_\_\_ hours  
If symptoms improve, may repeat in \_\_\_\_\_ hours

### **If symptoms continue CALL 911**

Repeat \_\_\_\_\_ puffs every \_\_\_\_\_ minutes x \_\_\_\_\_ until medical help arrives

\*A completed and signed Medication Permit Form must be on file at the school for each medication before medication can be administered at school

## **\*CALL 911 IF YOU SEE\***

- 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
- 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

## **!ADMINISTER CPR IF BREATHING STOPS! CONTINUE UNTIL PARAMEDICS ARRIVE!**

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

\_\_\_\_\_  
Health Care Provider Signature

\_\_\_\_\_  
Date