

EMERGENCY ACTION PLAN

ASTHMA

Student Name: _____ DOB: _____ Grade/Teacher: _____

EMERGENCY CONTACT INFORMATION

Parents/Guardians:	Phone #1:	Phone #2:	Phone #3:
Alternate Contact:	Phone #1	Phone #2:	Phone #3:

If the School Nurse is in the building please notify nurse immediately!

IF YOU SEE THIS:	DO THIS:
<p><u>Onset of Symptoms:</u> Coughing, Wheezing, Shortness of Breath, Chest Tightness, Rapid Breathing, Working Hard to Breathe, Anxiety</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p>Inhaler to be used _____ minutes prior to gym/recess. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div>	<p style="text-align: center;">DO THIS:</p> <p style="text-align: center;"><i>*NEVER send student anywhere alone!</i></p> <p>* Encourage student to stay calm- breathe in through nose and blow out through mouth.</p> <p>*Student has available _____ Inhaler at school and should report to _____. <small style="margin-left: 100px;">(Medication)</small> <small style="margin-left: 100px;">(Location)</small></p> <p>*If student has had an asthma attack at school, restrict physical activity and allow the student to rest.</p> <p>*If no relief within 10 minutes, call school nurse and/or parent.</p>
<p><u>For Worsening Symptoms:</u></p> <p>*Failure of medications to reduce worsening symptoms</p> <p>*Difficulty breathing, walking, & talking</p> <p>*Blue/gray discoloration of lips/fingernails and skin</p>	<p>* Call Code Blue</p> <p>*Stay with student and monitor breathing pattern</p> <p>*Call parent/guardian</p> <p>*Call 911 if symptoms continue to worsen (blue lips/fingernails/skin).</p> <p>*Be prepared to start CPR if breathing stops</p>

I understand and agree that information in this Emergency Action Plan will be shared with appropriate school staff.

Parent/Guardian Signature

Date

School Nurse Received and Reviewed: _____

School Nurse Signature

Date

<i>To Be Completed By School Nurse</i>	
Location of medicine _____	Authorized person to give medicine _____