

**NACOGDOCHES ISD HEALTH SERVICES
ASTHMA CARE PLAN**

Student _____ Grade/Teacher _____ DOB _____

Known triggers _____

Inhaler/Nebulizer Med at school ___ Yes ___ No

Medication/Dosage _____

Symptoms of asthma attack:

Coughing (often earliest sign)

Shortness of breath

Wheezing

Can do some, but not all, usual activities

Chest tightness

Student verbalizes problem with asthma

*A child with significant respiratory distress is in greater danger when wheezing cannot be heard or breath sounds are minimal or absent.

Management goals:

1. Give medication as prescribed. Student should respond to treatment within 15-20 minutes.
2. If there is no medication at school, contact parent immediately for medication OR if there is no improvement in student's breathing after medication has been given.

Parents Name _____ Phone # _____

Alternate Name _____ Phone # _____

3. Stay with the student, providing calm environment.
4. Seek emergency medical care if the student has severe symptoms, which could include any of the following:
 - a. Difficulty breathing with:
 - i. Retraction of chest/neck (ribs showing, skin at neck sinking in)
 - ii. Stooped body position
 - iii. Gasping or struggling for air
 - iv. Flaring of nostrils
 - b. Lips or fingernails are gray or bluish
 - c. Coughing constantly
 - d. Trouble talking or walking
 - e. Stops activity and can't start again

Other individualized steps for this student _____

Parent/Guardian Signature _____ Date _____

School Nurse: _____ Date: _____