



ASTHMA EMERGENCY CARE PLAN

Student: _____ Birthdate: _____ Grade: _____

Parent/Guardian: _____ Phone number: _____

Emergency Contact: _____ Phone number: _____

Emergency Contact: _____ Phone number: _____

Primary Care Provider: _____ Phone number: _____

Hospital Preference in case of Emergency:

SYMPTOMS (If you see this)

- ❖ Breathing trouble
 - Unusually fast or slow breathing
 - Breaths usually deep or shallow
 - Gasping for breath, wheezing or coughing
 - Person feels short of breath
- ❖ Difficult talking or walking
- ❖ Tightness in chest, upset stomach, restless, anxious
- ❖ Blue or grey discoloration of lips or fingernails
- ❖ Other: _____

Actions to take if medication is available (DO THIS)

- ❖ Remain calm. Reassure and stay with student.
- ❖ Give medication

Name: _____ Inhaler / Neb

Dose: _____ Frequency: _____
- ❖ Have student sit up and breathe evenly, breathing in through nose and out through 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 / emergency contact
- ❖ Other: _____

If no improvement:

- Repeat medication and call 911.
- Notify School Nurse

Actions to take if medication is NOT available (DO THIS)

- ❖ Remain calm. Reassure and stay with student
- ❖ Notify school nurse / Follow nurse direction
- ❖ Have student sit up and breathe evenly, breathing through nose, and breathing out with pursed lips
- ❖ Give room temp water to sip
- ❖ Elevate arms to shoulder level and provide support for arms (desk or back of chair) – Tripod Position
- ❖ Notify parent / guardian / emergency contact
- ❖ **Call 911** if worsening symptoms:
 - Chest and neck pulled in with breathing
 - Child is struggling to breath
 - Trouble walking or talking
 - Lips or fingernails are gray or blue
 - Increasing anxiety, confusion
- ❖ Other: _____