

ASTHMA EMERGENCY PLAN
Individualized Health Care Plan

Asthma is defined as an intermittent obstruction (blockage) of the airways (air passages) that is at least partially reversible either spontaneously or with appropriate medication.

Student: _____ Birthday: _____ School: _____ Grd: _____

Conditions that trigger asthma episode: _____

Parent Name: _____ Phone #'s: _____
Home Work Cell

Physician's Name: _____ Phone #: _____

PLEASE CHECK ALL THAT APPLY:

| GENERAL SYMPTOMS | SIGNS OF MODERATE ASTHMA | SIGNS OF SEVERE ASTHMA |
|---|--|---|
| <input type="checkbox"/> chest tightness <input type="checkbox"/> shortness of breath <input type="checkbox"/> wheezing <input type="checkbox"/> coughing <input type="checkbox"/> other: _____ _____ _____ | <input type="checkbox"/> breathing changes: coughing, shortness of breath, breathing through mouth <input type="checkbox"/> verbal complaints: chest tightness, chest "hurts", hard to breathe, headache, dry mouth, doesn't feel well <input type="checkbox"/> facial appearance: pale, swollen or red; increased perspiration; circles under eyes <input type="checkbox"/> mood changes: anything that is different from child's usual behavior | <input type="checkbox"/> Can't speak or cry; can't utter more than 2-3 words. <input type="checkbox"/> Pale/blue around mouth <input type="checkbox"/> Sucking in of chest skin between the ribs and at the front and sides of the neck. <input type="checkbox"/> Body hunched over <input type="checkbox"/> Failure of medication to reduce symptoms |

IF THE ABOVE SYMPTOMS ARE NOTED:

Prescribed treatment: _____

TREATMENT FOR MILD-MODERATE ASTHMA:

1. Have student relax; "whistle" breathe or purse lips to encourage diaphragmatic breathing.
2. Give prescribed rescue medication (oral or inhaled) as per physician's instructions.
3. Have student sip room temperature water.
4. Have student determine respiratory status with own "peak flow meter" if provided by parent/guardian.
5. Reassure.
6. Return student to class when symptoms stop.
7. If symptoms do not improve after treatment (2 uses of prescribed inhaler at 2 puffs/use), CALL 911 and parent.
8. If moderate symptoms progress to severe, CALL 911 and parent.
9. Other: _____

TREATMENT FOR SEVERE ASTHMA:

1. CALL 911
2. Administer prescribed rescue inhaler: _____
3. Other: _____

SIGNATURES

Physician's Signature/Date

Parent Signature/Date

District Nurse Signature/Date