



ASTHMA EMERGENCY MEDICAL CARE PLAN

Student Name _____ Birthdate _____
 Teacher _____ Grade _____
 Parent/Guardian _____ Address _____
 Home Phone _____ Work Phone _____
 Other Contact _____ Phone _____
 Other Contact _____ Phone _____

Medication(s) at School _____ **Triggers** _____
Medication(s) at Home _____

IF YOU SEE ANY OF THESE SYMPTOMS	DO THESE THINGS
<ul style="list-style-type: none"> Wheezing and/or Coughing Shortness of breath/dyspnea Complaining of chest tightness 	<ol style="list-style-type: none"> 1. Accompany student to health room 2. Give medication as prescribed 3. Reassure student to rest comfortably
If student's symptoms do not improve in 5 - 10 minutes or if cough becomes productive, exhalation longer than inhalation, retractions seen in area below rib cage or in neck & student becomes pale and sweaty	<ol style="list-style-type: none"> 1. Notify parent. 2. Call school nurse. 3. If parents unable to come within 10 minutes CALL 911
If student is in severe distress, sweaty, clammy, unable to speak in full sentences, color dusky or no improvement after using inhaler	<p style="text-align: center;">CALL 911 immediately. Notify parent, principal and school nurse</p>

Treatment for Asthma

Student should go to health room to use inhaler as ordered
 Student should not be sent alone (medication may be brought to student by health room staff)
 Stay with student, remain calm, have student rest in most comfortable position
 Student may return to regular activities if symptoms have resolved after 15 minutes

Call 911 if...

Symptoms increase in severity and are not helped by use of inhaler
 Student does not have inhaler at school and symptoms are severe
 Student has decreased level of consciousness

Be prepared to provide CPR • Call 911, School Nurse and Parent • Stay with Student until EMS arrives

EMERGENCY INFORMATION

Preferred Hospital _____ Phone _____
 Primary Physician _____ Phone _____
 Specialist: _____ Phone _____
 Other: _____ Phone _____

 R.N. Signature _____ Date _____ Parent Review/Signature _____ Date _____

COPIES	<input type="checkbox"/> Parent	<input type="checkbox"/> Music	<input type="checkbox"/> Physician	<input type="checkbox"/> Recess	<input type="checkbox"/> Teacher
	<input type="checkbox"/> PE	<input type="checkbox"/> Office	<input type="checkbox"/> Library	<input type="checkbox"/> Principal	<input type="checkbox"/> Transportation

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ASTHMA EMERGENCY MEDICAL CARE PLAN (Continued)

Field Trips

- Parents are recommended to attend field trip with student. If they are unable to attend then a staff member that is CPR certified must attend.
- Alert the health room of any planned field trips ahead of time so that necessary accommodations may be made.
- School RN will train a designated staff member if any medication is needed for the field trip.
- Teacher should bring a copy of the care plan with them on all field trips so that they have a list of emergency contact numbers as well as information regarding when it is necessary to call 911.

Transportation

- Bus drivers are trained in CPR and First Aid.
- No medications are available on the bus.
- 911 will be called in the event of an emergency.

Disaster Planning

- Follow the care plan as written.
- Refer to the Health Care Provider's written orders for any medication.