

**Call School Nurse!**

**ASTHMA - EMERGENCY CARE PLAN**  
**Is this condition potentially Life Threatening? Yes ~~X~~ No \_\_\_**  
**Never send student with any asthma symptoms anywhere alone!!!**

**Student Name :** \_\_\_\_\_

Parent/Guardian:	Home Phone:	Work Phone:
Emergency Contact:	Home Phone:	Work Phone:
Physician:	Phone:	
Teacher:	Allergies:	
<b>Current Medication:</b>		
<b>Triggers:</b>		

**SYMPTOMS of an ASTHMA ATTACK**

MILD	MODERATE	SEVERE
Cough Difficulty Breathing	Chest tightness Difficulty Breathing Unusual sounds with breathing (Wheezing) Anxious (look scared) Nostrils flaring Shoulders hunched over	Lips, nails, or mucous membranes are pale, gray, or bluish Rapid pulse (over 120 per minute) Gasping breaths (over 30 per minute) Chest and neck "pulling in" with breathing Severe restlessness Unable to speak in complete sentences without taking a breath Decreasing or loss of consciousness
*Student's usual signs/symptoms	*Student's usual signs/symptoms	*Student's usual signs/symptoms

IF YOU SEE THIS	DO THIS Never send student anywhere alone!!!!	TIME <i>Initial</i>
<b>MILD or MODERATE SIGNS</b>	Medication Located: <u>Nurse's Office</u> If unable to go to health office, have meds brought to student if necessary Sit student in upright position, if conscious offer water. Instruct to breathe in through nose and out through pursed lips slowly and deeply. Check time of last dose of medication. <b>*Give by inhaler or nebulizer 4-6 hours apart. Assist student to inhale medication slowly and fully.</b>	
<b>NO IMPROVEMENT WITHIN 15 MINUTES after medication</b>	Notify parents. If possible, adult trained in CPR/Rescue Breathing stays with student.	
<b>SEVERE SYMPTOMS</b>	<b>Call 911</b>	
<b>BREATHING STOPS</b>	<b>Begin CPR</b>	
<b>Note time of arrival and departure of ambulance; complete this form, initial, and send a copy of form with the ambulance.</b>		

CSN 's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_