

# Emergency Action Plan: Asthma

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School Year: \_\_\_\_\_  
 Teacher/Classroom: \_\_\_\_\_ Grade: \_\_\_\_\_ Emergency Med Self-carry

Emergency Contact Information		
Parent/Guardian:	Relationship:	Phone:
Parent/Guardian	Relationship	Phone:
Physician:	Phone:	Fax:

Asthma Information			
Typical symptoms	Triggers	Frequency	Relieved by
Routine asthma medication/dose/route/times:			
Has your child ever been hospitalized for asthma? When?			

Asthma Action Plan			
If you see this:	Do this:	Emergency Asthma Protocol	Expected behavior after and Asthma attack:
<ul style="list-style-type: none"> <li>• Shortness of breath</li> <li>• Coughing</li> <li>• Wheezing</li> <li>• Nostrils flaring</li> <li>• Chest tightness</li> <li>• Sweating</li> <li>• Restlessness</li> <li>• Other: _____</li> <li>• Other: _____</li> <li>• Other: _____</li> </ul>	<p><b>BASIC ASTHMA CARE</b></p> <ul style="list-style-type: none"> <li>• Do not leave student alone</li> <li>• Escort student to Health Room if able and put in a sitting position</li> <li>• Administer student's rescue medication (if ordered)</li> <li>• Students who self-carry can administer their inhaler when needed, when able, and when appropriate</li> <li>• Allow 15-20 minutes for rescue medication to work</li> <li>• Notify parent if no improvement (and child is not in distress)</li> <li>• Monitor breathing and pulse – be prepared to start CPR</li> <li>• Stay with child until asthma attack has resolved</li> <li>• Do not give food or fluids during or immediately after an asthma attack</li> </ul>	<p>Administer <b>RESCUE MEDICATION/INHALER</b> as directed:</p> <p>_____</p> <p>_____</p> <p>Call 911 for life threatening symptoms (see below) and no rescue medication/inhaler is available at school</p> <p>Call 911 for life threatening symptoms (see below) and no improvement with rescue medication/inhaler</p> <p>Call 911 if parent or emergency contact cannot be reached and symptoms get worse</p> <p>Other: _____</p> <p><b>ASTHMA IS CONSIDERED AN EMERGENCY WHEN:</b></p> <ul style="list-style-type: none"> <li>• Student has difficulty breathing</li> <li>• Student has difficulty talking</li> <li>• Neck/chest pull in with breaths</li> <li>• Child hunched over</li> <li>• Student is air hungry or panicked</li> <li>• Sleepiness</li> <li>• Loss of consciousness</li> <li>• Lips/fingernails turn gray/blue</li> </ul>	<ul style="list-style-type: none"> <li>• Agitation from the rescue medicine is considered normal</li> <li>• Regular breathing</li> <li>• Other: _____</li> </ul> <p style="text-align: center;"><b>Follow-Up</b></p> <ul style="list-style-type: none"> <li>• Notify School Nurse</li> <li>• Document event</li> <li>• Call parent if not already done</li> </ul>

Emergency Rescue Medication			Self-carry
Medication	Dose	Physician/Label Instructions	Med. Location

• As the parent/guardian of the above-named student, I give my permission for my child's healthcare provider to share information with the School Nurse for the completion of this EAP. I understand the information contained in this order will be shared with the school staff on a need-to-know basis. It is the responsibility of the parent/guardian to notify the School Nurse of any change in the student's health status, healthcare needs, or medical order. **Initial:** \_\_\_\_\_

• If medication is ordered, I authorize school staff to administer medication (described above) to my child. If prescription is changed, a new "Physician's Authorization for Medication at School" form must be completed before the school staff can administer the medication. **Initial:** \_\_\_\_\_

• Parents/guardians are responsible for maintaining necessary supplies, medications, and equipment. **Initial:** \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_  
 School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_