

Asthma- Emergency Action Plan 2018/2019

Student's Name: _____

D.O.B: _____ Grade: _____ Homeroom Teacher: _____

Student's Current Asthma Medication(s): _____

Student's Medication(s) kept in the school's clinic: _____

Asthma Triggers: _____

SYMPTOMS OF AN ASTHMA ATTACK

Mild	Moderate	Severe
<ul style="list-style-type: none"> • Cough • Difficulty Breathing 	<ul style="list-style-type: none"> • Chest Tightness • Difficulty Breathing • Wheezing • Anxious • Nostrils flaring • Shoulders hunched over 	<ul style="list-style-type: none"> • Lips, nails, skin appear pale, gray or bluish • Rapid pulse (HR>120) • Gasping breaths (RR >30) • Chest "pulling in" with breathing • Unable to speak in complete sentences without taking a breath. • Decreasing or loss of consciousness

PLAN OF CARE FOR ASTHMA ATTACK

Mild to Moderate Symptoms:	<ul style="list-style-type: none"> • If unable to come to clinic, call for medication to be brought to student. • Until medication is able to be given, instruct student to breathe in through nose and out through pursed lips, slowly and deeply. • Give _____ by inhalation or nebulization every _____ hours as needed.
If no improvement within 15 minutes after medication is given:	<ul style="list-style-type: none"> • Call Mom: _____ • Call Dad: _____ • Call Emergency Contact: _____
Severe Symptoms:	<ul style="list-style-type: none"> • Call 911 • Call Mom: _____ • Call Dad: _____ • Call Emergency Contact: _____

Parent's Signature: _____ Date: _____