

Asthma- Emergency Action Plan 2017/2018

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 breath 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: _____