



Emergency Care Plan



Asthma

Any Known Allergies: _____
 Previous episode of anaphylaxis: _____
 Asthma triggers: _____

Student's Name: _____ # _____ DOB: _____ Age: _____
 Mother: _____ M. home #: _____ M. cell/work #: _____
 Father: _____ F. home #: _____ F. cell/work #: _____
 Emergency Contact: _____ Relationship: _____ phone: _____ or _____
 Healthcare Provider: _____ phone: _____ Trained Personnel: _____
 Nurse: _____ phone: _____ Trained Personnel: _____

Asthma

Please check: Intermittent, Mild persistent, Mod Persistent, Severe Persistent

Asthma symptoms can be triggered by (please circle):		Onset of Asthma attack
Exercise	Animals	Sudden onset to several hours depending on the student and his/her sensitivity to triggers.
Pollen	Change in Temp. (from to cold days)	
Smoke	Mold	
Dust	Foods	
Air pollution	Stress	

Green-Yellow Zone. Mild to moderate symptoms		Red Zone. Severe symptoms
<ul style="list-style-type: none"> Coughing, wheezing, shortness of breath or chest tightness Using quick relief medication more than usual. 	<ul style="list-style-type: none"> Can do some but not all of usual activities. 	<ul style="list-style-type: none"> Medication unavailable or not working Getting worse not better Breathing hard and fast Chest/neck pulling in Difficulty walking or talking Lips or fingernails pale (white-blue) Hunched over breathing

Quick relief Medication: _____
 _____ puffs every _____ min and as needed up to _____ puffs per hour. May repeat every _____ hours

Action steps for treating Asthma Emergency

- Stop activity immediately. Stay calm, speak calmly.
 - Help student assume a comfortable position. Sitting up is usually more comfortable.
 - Encourage purse-lipped breathing.
 - Encourage fluids to decrease thickness of lung secretions.
 - Give medication as ordered: _____
 - Measure and document, respiratory rate, heart rate and peak flow (if ordered) RR _____ HR _____ Peak Flow _____
 - Observe for relief of symptoms. If no relief noted in 15 – 20 minutes, follow steps below for an asthma emergency.
 - Notify school nurse at _____
 - Call parents/guardian
 - Document event, note symptoms, over all appearance, skin color, respiratory rate and pattern
- STEPS TO FOLLOW FOR AN ASTHMA EMERGENCY:**
- Call 911** (Emergency Medical Services) and inform that you have an Asthma Emergency. They will ask the student's age, physical symptoms, and what medications he/she has taken and usually takes (Med Authorization form).
 - A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present.
- Preferred Hospital if transported: _____

Emergency Care plan done Distributed to school staff on a need to know

Reviewed with parent: in person by phone. Name of parent: _____

RN signature: _____ Date: _____