



ASTHMA



Student: _____ Grade: _____ DOB: _____

Asthma Triggers: _____

Mother: _____ Contact #: _____

Father: _____ Contact #: _____

Emergency Contact: _____ Relationship: _____ Phone#: _____

SYMPTOMS OF AN ASTHMA EPISODE MAY INCLUDE ANY/ALL OF THESE:

- **CHANGES IN BREATHING:** coughing, wheezing, breathing through mouth, shortness of breath
- **VERBAL REPORTS of:** chest tightness, chest pain, cannot catch breath, dry mouth, "neck feels funny," doesn't feel well, speaks quietly.
- **APPEARS:** anxious, sweating, nauseous, fatigued, stands with shoulders hunched over and cannot straighten up easily.

Student
Photo
Here

Form incomplete
without
picture

SIGNS OF AN ASTHMA EMERGENCY:

- Breathing with chest and/or neck pulled in, sits hunched over, nose opens wide when inhaling. Difficulty in walking and talking.
- Blue-grey discoloration of lips and/or fingernails.
- Failure of medication to reduce worsening symptoms with no improvement 15-20 minutes after initial treatment.
- Respirations greater than 30/minute and Pulse greater than 120/minute.

TREATMENT:

- Stop activity immediately.
- Calm student and help student assume a comfortable position. Sitting up is usually more comfortable.
- Encourage purse-lipped breathing.
- Encourage student to take sips of water if capable.
- Give medication as ordered: _____
- Observe for relief of symptoms. If no relief noted in 15-20 minutes, follow steps below for an asthma emergency.
- Call parents/guardian and healthcare provider.

STEPS TO FOLLOW FOR AN EMERGENCY:

- Call 911 (Emergency Medical Services) and inform them 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.
 - 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: _____

The school and its employees shall incur no liability as a result of any injury sustained by the student from the self-administration of medications used to treat asthma. I shall indemnify and hold harmless the school and its employees against any claims that may arise relating to the self-administration of medications used to treat asthma.

Parent initials here: _____ understanding that you are responsible for informing the event coordinator for any after school activities. Additional medication for afterschool activities will need to be provided for those events. Medication at school is not accessible after 3:10 p.m.

Parent/Guardian Signature: _____

Healthcare Provider (print): _____ Signature: _____

Copy located with: classroom teacher with medication

This plan is in effect for the current school year _____ only.