

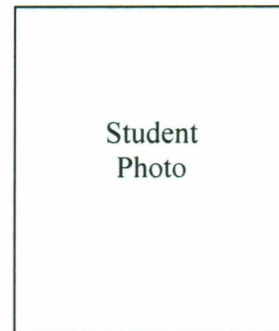
ASTHMA



Student: _____ Grade: _____ School Contact: _____ DOB: _____
 Asthma Triggers: _____ Best Peak Flow: _____
 Mother: _____ MHome #: _____ MWork #: _____ MCell #: _____
 Father: _____ FHome #: _____ FWork #: _____ FCell #: _____
 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, Peak Flow of < _____
- **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.



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.
- Peak Flow of _____ or below.
- 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/Guardian Signature: _____
 Student Signature: _____
 Healthcare Provider (print): _____ Signature: _____ Phone: _____

Copy provided to: parent classroom teacher special teacher
This plan is in effect for the current school year _____