



Blessed Sacrament School

Health Services

ASTHMA EMERGENCY CARE PLAN

Student: _____ Grade: _____ Teacher: _____ DOB: _____

Asthma Triggers: _____ Best Peak Flow: _____

Mother: _____ Home#: _____ Work#: _____ Cell#: _____

Father: _____ Home#: _____ Work#: _____ Cell#: _____

Emergency Contact: _____ Relationship: _____ Best phone number during school hours: _____

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-gray discoloration of the lips and/or fingernails.
- Failure of medication to reduce worsening symptoms with no improvements 15-20 minutes after initial treatment.
- Peak Flow of _____ or below.
- Respirations greater than 30/minutes.
- Pulse greater than 120/minutes.

STAFF MEMBERS INSTRUCTED: Teacher Special Teachers Administration Support Staff

TREATMENT:

Stop activity immediately.
 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: _____
 Observe for relief of symptoms. If no relief in 15-20 minutes, follow steps below for an asthma emergency.
 Notify school nurse at: **Ext. 368** or **315-463-1261** who will call parent/guardian and healthcare provider.

Epinephrine ordered: Yes No Special Instructions: _____

STEPS TO FOLLOW FOR AN ASTHMA EMERGENCY

Call 911 (Emergency Medical Services) and inform them that you have an asthma emergency. They will ask students 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: _____

Healthcare Provider: _____ Phone: _____

Written by: _____ Date: _____

Parent/Guardian Signature (to share this plan with Provider and School Staff): _____

Copy provided to parent Copy sent to Healthcare Provider