



Blessed Sacrament School

Health Services

CYSTIC FIBROSIS 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 A CYSTIC FIBROSIS EMERGENCY 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 A CYSTIC FIBROSIS 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 A CYSTIC FIBROSIS 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