

EMERGENCY CARE PLAN - ASTHMA

Never send students with Asthma Symptoms anywhere without an adult!!!

Student Name:	DOB:
Concurrent Health Concern(s):	

Role	Name	Home Phone	Cell Phone	Work Phone
Primary Guardian				
Guardian 2				
Emergency Contact				
Emergency Contact				

Provider:	Number: -	Preferred Hospital:	Number:
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Current Medication:

Allergies:	Anaphylactic Reaction to:
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Asthma Triggers:	
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Emergency Intervention

IF YOU SEE THIS	DO THIS
• Wheezing • Coughing • Shortness of breath/dyspnea • Complaints of chest tightness	• Accompany student to health room. • Give Medication as prescribed. • Keep student sitting up and reassure. • Encourage student to drink warm fluids.
If student's symptoms do not improve in 10–15 minutes, • cough becomes productive • exhalation longer than inhalation • retraction seen in area below rib cage or in neck • student becomes pale and sweaty If student is in severe distress	• Notify parent • Call school nurse • Call 911 if parents are unable to come within 10 minutes. Call 911. Notify parent, principal, and school nurse.

Note time of arrival and departure of ambulance; complete this form, sign and date, and send a copy of form with the ambulance.

The following staff members are trained to deal with an emergency, and initiate the appropriate procedures

1:	2:	3:
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Medication Orders

Rescue Inhaler _____ Nebulizer _____	Side Effects:
Antihistamine: _____ Give: _____ Teaspoons _____ Tablets by mouth	Side Effects:

It is medically necessary for this student to carry an Inhaler during school hours. ☐ Yes ☐ NoStudent may self-administer Inhaler. ☐ Yes ☐ NoStudent has demonstrated use to LHCP. ☐ Yes ☐ NoStudent has demonstrated use to School Nurse ☐ Yes ☐ No

Licensed Health Care Provider's Signature:	Date:
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Licensed Health Care Provider's Printed Name:	Phone:
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