

# Valley Central School District Asthma Emergency Health Care Plan

Student  
Photo

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ 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 < \_\_\_\_\_.

**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 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.

Pulse greater than 120/minute.

## TO BE COMPLETED BY PHYSICIAN OR HEALTH CARE PROVIDER

### TREATMENT:

Stop activity immediately. Notify school nurse at \_\_\_\_\_ who will call parent/guardian & health care provider

Help student assume a comfortable position. Sitting up is usually more comfortable.

Encourage purse-lipped breathing.

Encourage fluids to decrease thickness of lung secretions.

**Medication ordered:** \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

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**Special Instructions:** \_\_\_\_\_

Observe for relief of symptoms. If no relief noted in 15 – 20 minutes, follow steps below for an asthma emergency.

## STEPS TO FOLLOW FOR AN ASTHMA 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

Healthcare Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Written by: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Signature** to share this plan with Provider and School Staff: \_\_\_\_\_

**Health Care Provider Signature** \_\_\_\_\_ Date: \_\_\_\_\_

Please Stamp

