

ASTHMA EMERGENCY ACTION PLAN

Excelsior Springs School District

Name of School _____ School Year _____ (Effective through Summer School)

NAME: _____ GRADE _____

PARENT: _____ PHONE (H) _____ (W) _____ (Cell) _____

_____ PHONE (H) _____ (W) _____ (Cell) _____

PHYSICIAN: _____ PHONE _____

Last asthma attack that required hospitalization, urgent care visit, or oral corticosteroids. (Date) _____

Last date my child used asthma medications (not including daily inhaler) to treat an asthma problem: _____

Has not had hospitalization, urgent care visit, or corticosteroids in the last year.

My child will carry their inhaler at school instead of keeping it in the nurse's office: _____ Yes _____ No

Note** (An asthma self-administration packet must be completed with physician signature to carry inhaler.)

DAILY MEDICATION PLAN:

Medication	Dosage	Time
1. _____	_____	_____
2. _____	_____	_____

Medications to be given at school (please include dosage and time): _____

(Note: A medication authorization form must be completed by a parent/guardian for administration at school.)

THESE TRIGGERS HAVE CAUSED MY CHILD TO HAVE AN ASTHMA EPISODE: Please circle all that apply.

- | | | | | |
|------------------------|------------|---------|--------------|-------------------------|
| Respiratory infections | Pollens | Food | Allergies | Other(s): (please list) |
| Change in temperature | Exercise | Animals | Mold | _____ |
| Cold air | Chalk dust | Dust | Strong odors | _____ |

MY CHILD HAS THESE SIGNS AND SYMPTOMS WITH AN ASTHMA EPISODE: Please circle all that apply.

- | | | |
|------------------------------|----------------------|----------------------|
| Coughing | Wheezing | Difficulty breathing |
| Skin of neck/chest pulled in | Feeling of tightness | Other _____ |

Or my child complains of _____

AN EMERGENCY FOR MY CHILD IS WHEN HE/SHE HAS THE FOLLOWING SIGNS OR SYMPTOMS:

1. _____

STEPS TO TAKE DURING AN ASTHMA EPISODE:

- Give rescue medication as prescribed: _____
- Have student return to class if symptoms improve, to normal, and/or O2 is within normal limits.
- Contact parent if symptoms do not improve and/or O2 remains less than 93%. If warranted, the nurse may send the student home.
- CALL 911 if student:**
 - Has no improvement in moderate to severe asthma symptoms 15-20 minutes after giving medication and parent/guardian cannot be reached and/or O2 is less than or equal too 90%.
 - Breathing is difficult with these symptoms: **CHEST AND NECK PULLS IN WITH BREATHING. CHILD IS STRUGGLING TO BREATHE.**
 - Lip color changes to blue or white.
 - Nail beds are grey or blue.
 - Child has trouble walking or talking due to asthma.

PARENT SIGNATURE (required) _____ Date _____

PHYSICIAN SIGNATURE (required) _____ Date _____

(Reviewed March, 2019)