School Asthma Emergency Plan

Place Photo Here

Student: _____ DOB: _____ Teacher: _____

Immediate action is required when the student exhibits any signs of respiratory distress:

- Severe Cough
- Shortness of Breath
- Chest Tightness (complains "It *hurts* when I breath" or "It is *hard* to breath")
- Wheezing

Steps to Take During an Asthma Episode:

1. Give rescue asthma medications as listed below:

Quick Relief Medications	Dose/Frequency	When to Administer (prior to exercise??)

Location of medication: _____ health room _____ *with student

2. Contact Parents if rescue inhaler is administered for respiratory distress.

3. **Call 911 and the district nurse if the student has ANY of the following:**
   - Lips or fingernails are blue or gray
   - Student is too short of breath to walk, talk, or eat normally
   - No relief from medication within 15-20 minutes or with any of the following signs:
     Chest and neck pulling in with breathing
     Child is hunching over
     Child is struggling to breathe

Parent Consent for Management of Asthma at School

I, the parent or guardian of the above named student, request that this School Asthma Emergency Plan be used to guide asthma care for my child. I agree to:

1. Provide necessary supplies and equipment.
2. Notify the school nurse of any changes in the student's health status.
3. Notify the school nurse and complete new consent for changes in orders from the student's health care provider.
4. I authorize the school nurse to communicate with the primary care provider/specialist about asthma/allergy as needed.
5. I give permission to share this plan with school staff.

*This student is both responsible and capable of self-administering and may carry this medication:
○ No ○ Yes

*Should this student routinely use rescue inhaler prior to exercise?
○ No ○ Yes

_____ _____

Parent/Legal Guardian Signature Date Health Care Provider Signature Date