

School Individual Emergency Health Care Plan
Severe Asthma

Student: _____ Grade: _____

AN ASTHMA ATTACK CAN BE FATAL, DO NOT DELAY RESPONDING!!!!!!!!!!!!

If You See This:	Do This:
<ul style="list-style-type: none"> Complains “my chest is tight”, “I can’t breathe good”, “I need my inhaler” Appears short of breath Wheezing Sounds Persistent Coughing 	<ul style="list-style-type: none"> Never ask student to wait til end of class Stop activity Send to nurse if symptoms not severe Call for nurse if symptoms severe, state student’s name and having asthma attack

If You See This:	Do This Immediately:
<ul style="list-style-type: none"> Struggles or gasps for breath Chest and neck pulled in with breathing Stooped over posture Trouble walking or talking Lips or fingernails are gray or blue 	<ul style="list-style-type: none"> Call 911 Give rescue medication Call Parent/Guardian

Directions for use of Inhaler:

- Stop Activity (can be caused by exercise)
- Have student take 1 puff of inhaler
- Wait 1 minute
- Have student take 2nd puff of inhaler
- Have student rest
- If no improvement in 15 minutes, repeat 2 puffs
- If still no improvement, call nurse if not called already, then call parents
- If symptoms worsen, call 911 and then call parents

Triggers of asthma attacks:	Monitor Student’s:
<ul style="list-style-type: none"> Respiratory tract infections (colds, flu) Aerobic (exercise) Activities Seasonal Allergies related to weather (Fall, Spring) Anxiety 	<ul style="list-style-type: none"> Rate of breathing O₂ (oxygen) Sats Skin color, lip color, fingernail color Wheezing sounds, can speak sentences Alertness

Emergency Medications: (Give in order listed)

1. Name _____	Dose _____
2. Name _____	Dose _____
3. Name _____	Dose _____
4. Name _____	Dose _____

Contact: **911**
 School Nurse: _____ Principal: _____
 Parent/Guardian: _____ Phone: _____

Trained/Reviewed use of Inhalers:	Student may carry inhaler with them while at school or while at a school function after school hours.
1. _____	_____
2. _____	(Parent/Guardian Signature)
3. _____	_____
4. _____	(Principal Signature)

	(School Nurse/Aide Signature)

(Parent/Guardian Signature)

(Date)