

Plan of Care – 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” 	<ul style="list-style-type: none"> Never ask student to wait until end of class
<ul style="list-style-type: none"> Appears short of breath 	<ul style="list-style-type: none"> Stop activity
<ul style="list-style-type: none"> Wheezing Sounds 	<ul style="list-style-type: none"> Send to nurse if symptoms Not Severe
<ul style="list-style-type: none"> Persistent Coughing 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Call 911
<ul style="list-style-type: none"> Chest and neck pulled in with breathing 	<ul style="list-style-type: none"> Give rescue medication
<ul style="list-style-type: none"> Stooped over posture 	<ul style="list-style-type: none"> Call Parent/Guardian
<ul style="list-style-type: none"> Trouble walking or talking 	
<ul style="list-style-type: none"> Lips or fingernails are gray or blue 	

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

Directions for use of Inhaler:

<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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
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Emergency Medications: <i>(To Be Given In Order as Listed)</i>	
1. _____	Dose: _____
2. _____	Dose: _____
3. _____	Dose: _____
Contact: 911	

(Signature of Parent/Guardian)

(Date)

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School Nurse: _____ Principal: _____

Parent/Guardian: _____ Phone: _____

Documentation of Participation and Acknowledgement of Plan Trained/Reviewed Use of Emergency Medications:

Title	Name	Date
Principal		
Assistant Principal		
Nurse		
Clinic Backup		
Clinic Backup		
Teacher		
Teacher		
Teacher		
Teacher		
Teacher		
Teacher		
Teacher		
Teacher		
Teacher		
Teacher		
Other		
Other		

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(Signature of Parent/Guardian)

(Date)