

### EMERGENCY ASTHMA ACTION PLAN

Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
 School: \_\_\_\_\_ Bus: \_\_\_ yes \_\_\_ no  
 Parent/Guardian: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Emergency/Cell: \_\_\_\_\_  
 Healthcare Provider: \_\_\_\_\_ Carries own Inhaler: \_\_\_ yes \_\_\_ no  
 Allergies: \_\_\_\_\_ Inhaler in health office: \_\_\_ yes \_\_\_ no  
 Medications: \_\_\_\_\_ Uses nebulizer treatments: \_\_\_ yes \_\_\_ no

**Asthma** is a chronic lung disease which is characterized by attacks of breathing difficulty. It is caused by spasms of the muscles in the walls of the air passages to the lungs. It is not contagious. Asthma may be aggravated by an allergy to pollen or dust, viral illness, cold, emotions, or exercise.

1. Student's known triggers include: \_\_\_\_\_.

2. Common symptoms of an asthma attack include:

- |                        |                                     |
|------------------------|-------------------------------------|
| <b>Coughing</b>        | <b>Tightness in chest</b>           |
| <b>Wheezing</b>        | <b>Gaspings for air</b>             |
| <b>Rapid Breathing</b> | <b>Color changes (pale or blue)</b> |
| <b>Fear or anxiety</b> |                                     |

3. If symptoms of an attack are present OR he/she feels an attack coming on please do the following:

- A. Call school nurse or administration if school nurse is not available.
- B. Student \_\_\_ can \_\_\_ cannot administer inhaler independently. Provide assistance if needed.
- C. If inhaler is in school health office, send someone to notify the school nurse or retrieve inhaler, **DO NOT** leave student alone.
- D. Have student sit up right.
- E. Encourage to slowly breathe out through partially closed lips and to remain calm.
- F. Student should respond to treatment within 15-20 minutes.

4. If symptoms:

- Decrease after 15 minutes, return to class.
- Remains the same in 10 to 15 minutes, contact parent/guardian.
- Increase in severity even after doing treatments, **call 911** for emergency assistance.

Signatures:

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
 School Nurse \_\_\_\_\_ Date \_\_\_\_\_

Copies given to teachers on date \_\_\_\_\_

---