

EMERGENCY ACTION PLAN  
**ASTHMA**

Student's  
Name \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_  
Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Bus? \_\_\_\_\_ After-school? \_\_\_\_\_  
Emergency contact: \_\_\_\_\_ Ph: \_\_\_\_\_  
Physician treating student for asthma: \_\_\_\_\_ Ph: \_\_\_\_\_  
Allergies: \_\_\_\_\_

Asthma medication may be used on school property during the school day, at school-sponsored activities, or while in transit to or from school-sponsored events.

**\*\*EMERGENCY PLAN:\*\***

Emergency Action is necessary when the student has symptoms such as:

Severe Coughing	Tight chest	Difficulty breathing
Wheezing	Nose opens wide	Difficulty talking

1. **Attempt to calm student. Stay with student.**
2. **Have student take prescribed medication as ordered by health care provider and parent (see back of form).**
3. **Have student sit in a resting position, breathing slowly through the mouth, exhaling slowly through pursed lips.**
4. **Offer tepid fluids.**
5. **Notify school nurse if in the building.**
6. **Notify parent for severe breathing difficulty or if medication is not effective after 15 minutes.**
7. **If parent is unavailable or student is having extreme difficulty breathing, call 911 and transport to closest hospital.**

**Parents are responsible** for providing medications to the school in a location that the student has immediate access to if needed for an asthma or anaphylaxis emergency.

Medication will be located in the nurse's office unless student has permission to self-medicate.

If a student uses asthma medication prescribed for the student in a manner other than as prescribed, a school may impose on the student disciplinary action according to the school's disciplinary policy. A school may not impose disciplinary action that limits or restricts the student's immediate access to the asthma medication.

By signing below, the school nurse has your permission to share this Emergency Action Plan with appropriate school personnel and child's healthcare provider.

\*HCA and its employees/agents are not liable for an injury arising from a student's possession and self-administration of asthma medication.

PARENT/GUARDIAN

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE NOTE: All inhalers/nebulizers **MUST** be registered with the school nurse. Exp date: \_\_\_\_\_

- Student has demonstrated ability to the school nurse to use the asthma medication and any device that is necessary to administer the medication appropriately.

SCHOOL NURSE \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*If your child requires medicine at school, their doctor must complete the back of this form.\*\***

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Phone for Doctor or Clinic: \_\_\_\_\_

Predicted/Personal Best Peak Flow Reading: \_\_\_\_\_

**Asthma Triggers**

*Try to stay away from or control these things:*

- Exercise
- Mold
- Chalk dust/dust
- Pollen
- Animals
- Tobacco smoke
- Food
- Smoke, strong odors or spray
- Colds/Respiratory infections
- Carpet
- Change in temperature
- Dust mites
- Cockroaches
- Other \_\_\_\_\_

**1. Green – Go**

- Breathing is good.
- No cough or wheeze.
- Can work and play.



Use these controller medicines *every day* to keep you in the green zone:

Medicine: \_\_\_\_\_ How much to take: \_\_\_\_\_ When to take it: \_\_\_\_\_  Home  School

\_\_\_\_\_

\_\_\_\_\_

5-15 minutes before very active exercise, use  Albuterol \_\_\_\_\_ puffs.

**2. Yellow – Caution**



Coughing



Wheezing

Keep using controller green zone medicines everyday.

Add these medicines to keep an asthma attack from getting bad:

<u>Medicine</u>	<u>How much to take</u>	<u>When to take it</u>
Albuterol	<input type="checkbox"/> 2 puffs by inhaler	<input type="checkbox"/> May repeat every
or	<input type="checkbox"/> 4 puffs by inhaler	20 min up to 3 doses
_____	<input type="checkbox"/> with spacer, if available	in first hour, if needed
	<input type="checkbox"/> by nebulizer	

If symptoms **DO NOT** improve after first hour of treatment, then go to **red zone**.

If symptoms **DO** improve after first hour of treatment, then continue:

Albuterol	<input type="checkbox"/> 2 puffs by inhaler	<input type="checkbox"/> Every 4 - 8 hours
or	<input type="checkbox"/> 4 puffs by inhaler	for _____ days
_____	<input type="checkbox"/> with spacer, if available	
	<input type="checkbox"/> by nebulizer	

\_\_\_\_\_, \_\_\_\_\_ times a day for \_\_\_\_\_ days  Home  School

(oral corticosteroid) (how much)

Call your doctor if still having some symptoms for more than 24 hours!

Call your doctor and/or parent/guardian **NOW!**

Take these medicines until you talk with a doctor or parent/guardian:

<u>Medicine:</u>	<u>How much to take:</u>	<u>When to take it:</u>
Albuterol	<input type="checkbox"/> 2 puffs by inhaler	<input type="checkbox"/> May repeat every
or	<input type="checkbox"/> 4 puffs by inhaler	20 minutes until
_____	<input type="checkbox"/> with spacer, if available	you get help
	<input type="checkbox"/> by nebulizer	
_____, _____ times a day for _____ days		<input type="checkbox"/> Home <input type="checkbox"/> School
(oral corticosteroid)	(how much)	

Call 911 for severe symptoms, if symptoms don't improve, or you can't reach your doctor and/or parent/guardian.

**3. Red – Stop – Danger**

- Medicine is not helping.
- Breathing is hard and fast.
- Nose opens wide.
- Can't walk.
- Ribs show.
- Can't talk well.



\_\_\_\_\_ Student is capable and has been instructed in self-administration of these medications.

\_\_\_\_\_ Student is not approved to self-medicate.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Please complete Authorization Waiver for self-medication if your child can self-medicate.