



## Asthma- Emergency Action Plan 2023/2024

Student's Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Student's Current Asthma Medication(s): \_\_\_\_\_

Student's Medication(s) kept in the school's clinic: \_\_\_\_\_

Asthma Triggers: \_\_\_\_\_

<b>SYMPTOMS OF AN ASTHMA ATTACK</b>		
Mild	Moderate	Severe
<ul style="list-style-type: none"> <li>● Cough</li> <li>● Difficulty Breathing</li> </ul>	<ul style="list-style-type: none"> <li>● Chest Tightness</li> <li>● Difficulty Breathing</li> <li>● Wheezing</li> <li>● Anxious</li> <li>● Nostrils flaring</li> <li>● Shoulders hunched over</li> </ul>	<ul style="list-style-type: none"> <li>● Lips, nails, skin appear pale, gray or bluish</li> <li>● Rapid pulse (HR&gt;120)</li> <li>● Gasping breaths (RR &gt;30)</li> <li>● Chest "pulling in" with breathing</li> <li>● Unable to speak in complete sentences without taking a breath.</li> <li>● Decreasing or loss of consciousness</li> </ul>

<b>PLAN OF CARE FOR ASTHMA ATTACK</b>	
Mild to Moderate Symptoms:	<ul style="list-style-type: none"> <li>● If unable to come to the clinic, call for the medication to be brought to the student.</li> <li>● Until medication is able to be given, instruct the student to breathe in through nose and out through pursed lips, slowly and deeply.</li> <li>● Give _____ by inhalation or nebulization every _____ hours as needed.</li> </ul>
If no improvement within 15 minutes after medication is given:	<ul style="list-style-type: none"> <li>● Call Mom: _____</li> <li>● Call Dad: _____</li> <li>● Call Emergency Contact: _____</li> </ul>
Severe Symptoms:	<ul style="list-style-type: none"> <li>● Call 911</li> <li>● Call Mom: _____</li> <li>● Call Dad: _____</li> <li>● Call Emergency Contact: _____</li> </ul>

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_