

## EMERGENCY PLAN – ASTHMA

Student Name \_\_\_\_\_ Teacher/Grade \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_  
 Other Contact Information: \_\_\_\_\_  
 Emergency Phone Contact #1-Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Emergency Phone Contact #2-Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Physician Child Sees for Asthma: \_\_\_\_\_  
 Phone: \_\_\_\_\_

### ❖ Daily Medication Plan for Asthma

Name	Amount	When to Use

**OUTSIDE ACTIVITY AND FIELD TRIPS** The following medication must accompany student when participating in outside activities and field trips.

Name	Amount	When to Use

### DAILY ASTHMA MANAGEMENT PLAN

#### ❖ Identify the things that start an asthma episode

(Check each that applies to the student)

animals       bees/insect sting       chalk dust       latex  
 dust mites       exercise       molds       pollens  
 smoke       strong odors       change in temperature  
 respiratory infections  
 food: \_\_\_\_\_  
 other: \_\_\_\_\_

#### Peak Flow Monitoring (for students over 4 years old)

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

Monitoring Times: \_\_\_\_\_

**Control of Environment** (List any environmental control measures, premedications, and/or dietary restrictions that the student needs to prevent an asthma episode.)

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**ASTHMA EMERGENCY PLAN**

Emergency action is necessary when the student has symptoms such as \_\_\_\_\_

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or has a peak flow reading at or below \_\_\_\_\_

❖ **Steps to take during an asthma episode:**

1. Check peak flow reading (if student uses peak flow meter).
  2. Give medications as listed below.
  3. Check for decreased symptoms and/or increased peak flow reading.
  4. Allow student to stay in school if: \_\_\_\_\_
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5. Contact Parent/Guardian.
  6. Seek emergency medical care if the student has any one of the following:
    - No improvement \_\_\_\_\_ minutes after initial treatment with medication.
    - Peak flow at or below \_\_\_\_\_
    - Hard time breathing with:
      - Chest and neck pulled in with breathing
      - Student hunched over.
      - Student struggling to breathe.
    - Trouble walking or talking.
    - Stops playing and cannot start activity again.
    - Lips or fingernails are gray or blue.

**\*\*IF ABOVE HAPPENS, GET EMERGENCY HELP NOW! \*\***

• **Emergency Asthma Medications:**

Name	Amount	When to Use

• **Special Instructions:**

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

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_