

Date Plan Developed: \_\_\_\_\_

## RIVERSIDE CHRISTIAN SCHOOL

### ASTHMA

#### Emergency Care Plan

Never send student with any asthma symptoms anywhere alone!!

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

Asthmatic  Yes, this student is HIGH RISK for severe reaction.  No

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital: \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

#### SYMPTOMS and SIGNS of an ASTHMA ATTACK

EARLY SIGNS	MODERATE	SEVERE
<ul style="list-style-type: none"> <li>-Beginning cough</li> <li>-Shortness of breath</li> <li>-Tickle in throat or itchy throat</li> <li>-Fatigue</li> <li>-Headache</li> <li>-Agitation, behavior changes</li> <li>-Says it is difficult to breathe</li> </ul> <p>*Student's usual signs/symptoms</p>	<ul style="list-style-type: none"> <li>-Chest tightness</li> <li>-Shortness of breath</li> <li>-Unusual sounds with breathing</li> <li>-Anxious look, scared</li> <li>-Sweaty</li> <li>-Shoulders hunched over</li> <li>-Nostrils are flaring</li> <li>-Says it is difficult to breathe</li> </ul> <p>*Student's usual signs/symptoms</p>	<ul style="list-style-type: none"> <li>-Lips, nails or mucous membranes are pale, gray or bluish</li> <li>-Vomiting persistently with coughing</li> <li>-Rapid pulse (over 120 per minute)</li> <li>-Gasping breathes (over 30 per minute)</li> <li>-Struggling to breathe</li> <li>-Chest and neck "pulling in" with breathing</li> <li>-Severe restlessness</li> <li>-Unable to speak in complete sentences without taking a breath</li> <li>-Decrease of loss of consciousness</li> <li>-Shows no improvement within 15 minutes after medication</li> </ul> <p>*Student's usual signs/symptoms</p>

IF YOU SEE THIS	DO THIS <b>Never send student anywhere alone!!!</b>	TIME <i>Initial</i>
<b>EARLY Or MODERATE SIGNS</b>	If unable to go to office, have meds brought to student. Sit student in upright position, offer water. Instruct to breathe in through nose and out through pursed lips slowly and deeply Check peak flow. Result: _____ Check time of last dose of medication. <b>Give medication by inhaler or nebulizer (Specify medication, dose, route)</b> <b>Assist student to inhale medication slowly and fully.</b>	
<b>NO IMPROVEMENT WITHIN 15 MINUTES After medication Or SEVERE SYMPTOMS</b>	<b>CALL 911</b> Notify parents. If possible, adult trained in CPR/Rescue Breathing stays with student until 911 arrives	
<b>BREATHING STOPS</b>	<b>Begin CPR</b>	
Note time of arrival and departure of ambulance; complete this form, initial, and send a copy of form with the ambulance.		

The following staff members are trained to deal with an emergency, and initiate the appropriate procedures:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

\_\_\_\_\_  
RN Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PMD/Provider Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date