

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

IF YOU SEE THIS	DO THIS Never send student anywhere alone!!!	TIME <i>Initial</i>
EARLY Or MODERATE SIGNS	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. Give medication by inhaler or nebulizer (Specify medication, dose, route) Assist student to inhale medication slowly and fully.	
NO IMPROVEMENT WITHIN 15 MINUTES After medication Or SEVERE SYMPTOMS	CALL 911 Notify parents. If possible, adult trained in CPR/Rescue Breathing stays with student until 911 arrives	
BREATHING STOPS	Begin CPR	
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