



# Emergency Care Plan



## MONTICELLO CENTRAL SCHOOLS ASTHMA

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ School Contact: \_\_\_\_\_ DOB: \_\_\_\_\_

Asthma Triggers: \_\_\_\_\_ Best Peak Flow: \_\_\_\_\_

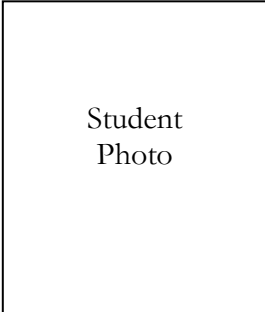
Mother: \_\_\_\_\_ MHome #: \_\_\_\_\_ MWork #: \_\_\_\_\_ MCell #: \_\_\_\_\_

Father: \_\_\_\_\_ FHome #: \_\_\_\_\_ FWork #: \_\_\_\_\_ FCell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### **SYMPTOMS OF AN ASTHMA EPISODE MAY INCLUDE ANY/ALL OF THESE:**

- **CHANGES IN BREATHING:** coughing, wheezing, breathing through mouth, shortness of breath
- **VERBAL REPORTS of:** chest tightness, chest pain, cannot catch breath, dry mouth, “neck feels funny”, doesn’t feel well, speaks quietly.
- **APPEARS:** anxious, sweating, nauseous, fatigued, stands with shoulders hunched over and cannot straighten up easily.



### **SIGNS OF AN ASTHMA EMERGENCY:**

- Breathing with chest and/or neck pulled in, sits hunched over, nose opens wide when inhaling. Difficulty in walking and talking.
- Blue-gray discoloration of lips and/or fingernails.
- Failure of medication to reduce worsening symptoms with no improvement 15 – 20 minutes after initial treatment.
- Respirations greater than 30/minute(rapid breathing)
- Pulse greater than 120/minute(racing heartbeat)

### **STAFF MEMBERS INSTRUCTED:**

- Administration       Classroom Teacher(s)       Special Area Teacher(s)  
 Support Staff       Transportation Staff

### **TREATMENT:**

Stop activity immediately.  
 Help student assume a comfortable position. Sitting up is usually more comfortable.  
 Encourage purse-lipped breathing.  
 Encourage fluids to decrease thickness of lung secretions.  
 Give medication as ordered: \_\_\_\_\_  
 Observe for relief of symptoms. If no relief noted in 15 – 20 minutes, follow steps below for an asthma emergency.  
 Notify school nurse at \_\_\_\_\_ who will call parents/guardian and healthcare provider.

### **STEPS TO FOLLOW FOR AN ASTHMA EMERGENCY:**

- Call 911 (Emergency Medical Services) and inform the that you have an asthma emergency. They will ask the student’s age, physical symptoms, and what medications he/she has taken and usually takes.
- A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present..

Healthcare Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Written by: \_\_\_\_\_ Date: \_\_\_\_\_

- Copy provided to Parent       Copy sent to Healthcare Provider

**Parent/Guardian Signature** to share this plan with Provider and School Staff: \_\_\_\_\_

**If reviewed by Healthcare Provider: Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_