

Newhall School District
Asthma Emergency Action Plan
Teacher: _____ Grade: _____

Student Name: _____ D.O.B: ____/____/____

Asthma Triggers: _____

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

- **CHANGES IN BREATHING:** coughing, wheezing, breathing through mouth, shortness of breath
- **VERBAL REPORTS:** chest tightness, chest pain, cannot catch breath, dry mouth, "neck feels funny", not feeling well, speaking quietly
- **APPEARS:** anxious, sweating, nauseous, fatigued, stands with shoulders hunched over and cannot straighten up easily



Treatment:

- Stop activity immediately
- Sit student upright; do not let child lie down.
- Stay calm, speak reassuringly, do not leave student alone.
- Use quick relief medication as indicated below.
- Give water- not cold
- Notify parent and district nurse
- If there is no improvement after 15 minutes of medication administration, call 911.

SIGNS OF AN ASTHMA EMERGENCY:

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

➡ **CALL 911!** ⬅

Medication Order:

Name of Medication #1: _____ **Dose:** _____ **Every** ____ **hrs PRN**

Other Instructions: _____

Possible Side Effects: _____

Name of Medication #2: _____ **Dose:** _____ **Every** ____ **hrs PRN**

Other Instructions: _____

Possible Side Effects: _____

Parent/Guardian Signature Date

Physician Signature Date

Parent/Guardian Emergency Contact Number

Print /Stamp Physician Name

School Nurse Signature Date

Physician Phone Number