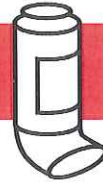


Emergency Care Plan

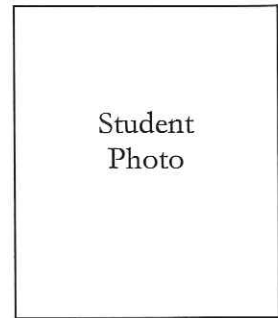


ASTHMA Silver Lake Regional School District

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, Peak Flow of < _____.
- **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.



Student
Photo

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.
- Peak Flow of _____ or below.
- Respirations greater than 30/minute.
- Pulse greater than 120/minute.

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. Preferred Hospital if transported: _____

Healthcare Provider: _____ Phone: _____

Written by: _____ Date: _____

- Copy provided to Parent Copy sent to Healthcare Provider

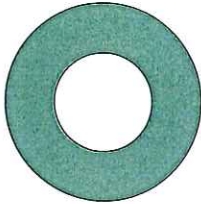
Parent/Guardian Signature to share this plan with Provider and School Staff: _____

Asthma Action Plan

Category of Severity—Check one: Mild Intermittent Mild Persistent Moderate Persistent Severe Persistent

Green Zone Action Steps

CONTROLLED
No symptoms.
Breathing is good.
This is where your child should be every day.



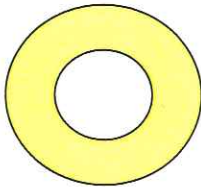
1. Avoid triggers that bring on your child's asthma (smoke, cold weather, allergens and infections).
2. Take _____
10-15 minutes before exercise *if needed*.
3. Take your daily Green Zone maintenance medicines as follows:



These medicines are used to control and prevent asthma symptoms. Do not stop them without talking to your child's doctor.

Yellow Zone Action Steps

CAUTION
Coughing, wheezing,
Runny nose, watery eyes.
Take action to get your asthma under control.



1. Tell an adult.
2. Give _____ every _____
Hours until your child returns to the Green Zone (no symptoms).
3. *Always* check your child's breathing after giving rescue medicine.
4. Keep taking your Green Zone maintenance medicines



Let your child's doctor know if your child drops into the yellow Zone more than once a week or if they stay in the Yellow Zone 24-48 hours. Your child's Green Zone maintenance medicine may need to be changed. Examples of rescue medicines are albuterol (proventil or ventolin) and maxair.

Red Zone Action Steps

EMERGENCY
Chest being sucked in (retractions). Nostrils flaring.
Medicine not helping. Breathing hard and fast. Activity level down.
Your child's asthma symptoms are serious!



1. Tell an adult.
2. Give _____ immediately and check your child's breathing.
3. If your child is not back in the Yellow/Green Zone, repeat above step every _____ for a maximum of _____

4. Call your doctor at _____ to notify him or her of your Red Zone event.

OR



See your doctor right away if your child's lips or fingernails are blue or if they are struggling to breathe after taking their medicine.

Child's Name _____ Child's Date of Birth _____

Date _____ School _____

Pharmacy _____

Doctor's Name and Number _____

The original should be given to the patient and a copy of this plan given to the doctor, school, pharmacy and asthma program. Revised with permission from the Pediatric Asthma Program of the Children's Hospital, University Health Systems of Eastern Carolina June 1999 (RL 5.9) Revised by Annette Peery, RN, MSN, CDE East Carolina University Department of Family Medicine