

ELKHORN AREA SCHOOL DISTRICT EMERGENCY ASTHMA ACTION PLAN

Student Name: _____ Birthdate: _____ 20 -20 School year

Grade: _____ School: _____

EMERGENCY PLAN:

If showing symptoms of _____, _____, _____,
_____ or has a peak flow reading of _____

STEPS TO TAKE DURING AN ASTHMA EPISODE:

1. Check peak flow, if physician indicated.
2. Give medications as listed below. Student should respond to treatment in 15-20 minutes. If not, may repeat dose for a total of four (4) puffs.
3. Contact parent/guardian if _____
4. Re-check peak flow, if physician indicated.

SEEK EMERGENCY MEDICAL CARE (911) IF THE STUDENT HAS:

- ✓ Coughs constantly
- ✓ No improvement 15-20 minutes after initial treatment with medication and a relative cannot be reached.
- ✓ Peak flow of _____
- ✓ Hard time breathing with:
 - . Chest and neck pulled in with breathing
 - . Stooped body posture
 - . Struggling or gasping
- ✓ Trouble walking or talking
- ✓ Stops playing and can't start activity again
- ✓ Lips or fingernails are grey or blue

Emergency Asthma Medications:

Prescribed _____

(Medication and dose and when to use - please note with or without chamber).

___ Peak flow meter is used. ___ Peak flow meter is not used.

___ I have instructed this student in the proper way to use his/her medication. It is my professional opinion that they should be allowed to carry and use that medication by him/herself.

___ It is my professional opinion that this student should not carry his/her inhaled medication by him/herself.

Physician Name: _____

Phone: _____

Physician Signature: _____
(no stamp)

Date: _____

Parent/Guardian Signature: _____

Date: _____

Peak Flow:
Best ___ to ___
Caution ___ to ___
Medical Alert _____

<u>Office Use</u>
___ Inhaler at home
___ Inhaler in office
___ Inhaler w/student
___ Student has Epipen