

# EMERGENCY CARE PLAN – ASTHMA

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

School Name \_\_\_\_\_ School Year \_\_\_\_\_

## Severity Classification

- Intermittent
- Mild
- Moderate
- Severe

## Triggers

- Colds       Smoke    Weather
- Exercise    Dust    Animals
- Air Pollution    Foods
- Other \_\_\_\_\_

If your child requires medication at school, you must have a **Prescription Medication Permission Form** signed by doctor and parent on file **BEFORE** the medication can be given.

## Green Zone: Child is Doing Well

### Symptoms:

- Breathing is good
- No cough or wheeze
- Can work and play
- Other \_\_\_\_\_

### Care at School

- Monitor student for asthma symptoms
- Monitor environment for triggers
- Other \_\_\_\_\_

### Peak Flow Meter

More than 80% of \_\_\_\_\_ Personal best \_\_\_\_\_

## Yellow Zone: Child is Getting Worse

### Symptoms may include one or more:

- Some problems breathing
- Cough, wheeze, or chest tight
- Problems working or playing
- Short of breath
- Other \_\_\_\_\_

### Care at School

- Give reassurance and do not leave student alone
- Allow time to rest sitting upright
- Have student breath slowly in through nose and out through mouth
- Administer medication(s)  
Name \_\_\_\_\_  
Backpack      Desk      Health Office  
Locker# \_\_\_\_\_ Gym Locker # \_\_\_\_\_
- Other \_\_\_\_\_

### Peak Flow Meter

\_\_\_\_\_ to \_\_\_\_\_  
(50 to 79% of personal best peak flow)

## Red Zone: Medical Alert

### Symptoms may include one or more:

- Lots of problems breathing
- Cannot work or play
- Getting worse instead of better
- Medicine is not helping
- Lips, tongue or fingernails turning blue
- Appears sleepy/drowsy during attack
- Other \_\_\_\_\_

### Care at School

- **Call 911 immediately**
- Give reassurance and do not leave student alone
- Have student sit upright and breath in through nose and out through mouth
- Administer medication(s)  
Name \_\_\_\_\_  
Backpack      Desk      Health Office  
Locker# \_\_\_\_\_ Gym Locker # \_\_\_\_\_
- No pulse and/or breathing–**Start CPR immediately**
- **Call parent**
- Other \_\_\_\_\_

### Peak Flow Meter

\_\_\_\_\_ to \_\_\_\_\_  
(Less than 50% of personal best peak flow)

## INDIVIDUALIZED HEALTH CARE PLAN – ASTHMA CONTINUED

Student Name \_\_\_\_\_

1. When was your child diagnosed with asthma? \_\_\_\_\_
2. Does your child take medications for asthma?  Yes  No
  - a. If yes, name of medication(s) and dose \_\_\_\_\_
  - b. Time(s) of day medication(s) are taken \_\_\_\_\_
3. Does your child need help using asthma medications?  Yes  No
4. Can your child identify his/her asthma signs and symptoms that indicate the need for help or medical attention?  Yes  No
5. What additional information will help school staff understand your child's asthma plan?  
\_\_\_\_\_  
\_\_\_\_\_

**We recommend that students with asthma wear a Medic-Alert bracelet/pendant at all times.**

School Nurse Signature \_\_\_\_\_ Date Reviewed \_\_\_\_\_