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Asthma Triggers: _____ Best Peak Flow: _____

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,

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.

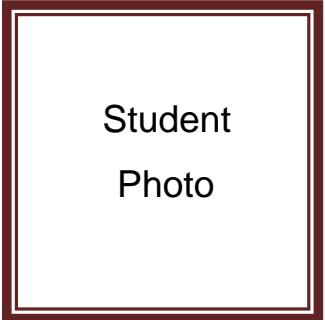
Bluegray discoloration of lips and/or fingernails.

Failure of medication to reduce worsening symptoms or improvement 1520 minutes after initial treatment.

Peak Flow of _____ or below or NA

Respirations greater than 30/minute.

Pulse greater than 120/minute.



STAFF MEMBERS INSTRUCTED:

Administration

Classroom Teacher(s)
Support Staff

Special Area Teacher(s)
Transportation Staff

TREATMENT:

Stop activity immediately.

Help student assume a comfortable position. Sitting up is usually more comfortable.

Encourage pursed breathing.

Encourage fluids to decrease thickness of lung secretions.

Give medication as ordered: _____

Observe for relief of symptoms. If relief noted in 1520 minutes, follow steps below for an asthma emergency.

Notify school nurse who will call parents/guardian and healthcare provider.

STEPS TO FOLLOW FOR AN ASTHMA EMERGENCY:

_____ m
physical symptoms, and what medications he/she has taken and usually takes.

present and adequate supervision for other students is present.

is not

Healthcare Provider Signature _____ Phone: _____

Written by: _____ Date: _____

I give permission to allow communication between physician and School District staff this plan can be shared with provider & school staff as applicable.

Parent/Guardian Signature: _____

This plan is in effect for the current school year and summer school as needed.