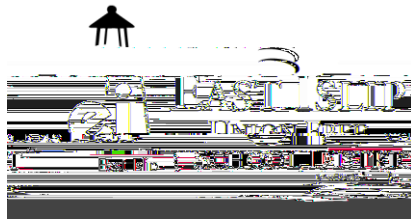


Stephen Restivo
Director of Physical
Education, Health & Athletics
srestivo@eischools.org



East Islip School Dist.
1 Craig B. Gariepy Ave.
Islip Terrace, NY 11752
Phone (631) 224-2138
Fax (631) 581-8204

Health Plan / Emergency Care
ASTHMA

Student: _____ Grade: _____ School Contact: _____ DOB: _____

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, dry mouth, "neck feels
funny", doesn't feel well, and speaks quietly.

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.

Blue-gray discoloration of lips and/or fingernails.