## **Constellation Schools** Parma Community Pearl Road Elementary

"The Right Choice for Parents and a Real Chance for Children"

### Asthma Emergency Action Plan

Student's Name:			Date of Birth	/	_/	School Year		
Emergency	Contact	nformation						
Name				_ Relations	ship			
Home phone	e:	Work Phone:		Ce	ell Phone	e:		
Name			Relationship					
Home phone:		Work Phone:	Work Phone:			Cell Phone:		
Physician:								
	Physician:Physician:Fax:Fax:							
		sthma Flare – circle all th	at apply:			Other		

### Steps to be taken by school personnel during an asthma flare:

- 1. Ensure access to emergency medication as directed per the attached Medication Request Form.
- 2. Student should then remain in office until symptoms have resolved. May take 10-15 minutes after taking quick acting inhaler.
- 3. Notify parent that emergency medication was given via appropriate form.

# If no asthma medication is available, or if asthma medication does not produce expected relief from the asthma episode within 10 minutes after taking the medicine, or if symptoms are worsening:

(Required by Ohio Revised Code section 3313.716)

- 1. <u>Call 911</u> and contact parent if any of the following signs/symptoms occur:
  - Continuous cough
  - > No improvement 10 minutes after initial treatment with medication
    - Obvious difficulty breathing
    - Chest and neck pulled in with breathing
    - > Child is struggling to breathe
    - > Child is hunched over
    - Difficulty walking and/or talking
    - Stops playing and cannot start activity again
  - Lips or fingernails are gray or blue
- 2. Other special physician instructions

Preferred hospital if emergency room care is needed:

## Physician's Signature: \_\_\_\_\_

## Parent Signature:

This completed "Asthma Emergency Action Plan" will be on file with the school nurse and a copy will be given to your child's teachers, as necessary.

\*NOTE: If a student carries their own inhaler and self-administers in school locations other than the clinic, it is the parent's responsibility to review with the student when the student should come to the clinic/office for additional medical assistance.

Date:

Date: