"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 Information	
Name	Relationship
Home phone:Work Pho	one:Cell Phone:
Name	Relationship
Home phone:Work Pho	one:Cell Phone:
Physician:	
Phone:	Fax:
Signs of Student's Asthma Flare – circle  Wheeze Cough Chest Feels Tight	all that apply:  Difficulty Breathing Difficulty Talking Other
Steps to be taken by school persor	inel during an asthma flare:
<ol> <li>Student should then remain in office acting inhaler.</li> <li>Notify parent that emergency medical from the asthma episode within 10 worsening:         <ul> <li>(Required by Ohio Revised Code section 3313.71</li> </ul> </li> <li>Call 911 and contact parent if any of Continuous cough         <ul> <li>No improvement 10 minutes</li> <li>Obvious difficulty breathing</li> <li>Chest and neck pulled in with</li> <li>Child is struggling to breathe</li> <li>Child is hunched over</li> <li>Difficulty walking and/or talking</li> <li>Stops playing and cannot state</li> <li>Lips or fingernails are gray or</li> </ul> </li> </ol>	e, or if asthma medication does not produce expected relief minutes after taking the medicine, or if symptoms are  6)  the following signs/symptoms occur:  after initial treatment with medication  in breathing  ing  ing  int activity again
	needed:
Physician's Signature:	Date:
Parent Signature:	Date:

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.