

The Seven Hills School Emergency Care Plan—Asthma

Name: _____ D.O.B. _____ Grade _____
 Teacher: _____ P. E. Days & Times _____

Signs of an Asthma Emergency:

- 1) Difficulty breathing, walking or talking due to shortness of breath, tightness of chest, prolonged coughing or audible wheezing.
- 2) Blue or gray discoloration of the lips or fingernails.
- 3) Failure of medication to reduce worsening symptoms.
- 4) Decreased level of consciousness.

DO: (to be completed by the physician)

- 1) Student should be allowed to use his/her asthma medication per #2.
- 2) Name of Medication(s) _____
 - a) Dose _____
 - b) May be repeated after _____ min. if necessary
 - c) Route _____
 - d) Personal best peak flow number _____
 - e) If peak flow reading is less than _____ then _____
- 3) Encourage student to relax by:
 - a) Assuming most comfortable position.
 - b) Doing slow, deep breathing.
 - c) Sipping warm water/tea.
 - d) Refocusing on pleasant images/thoughts.
- 4) Stay with student; remain calm. Monitor symptoms.
 - a) When symptoms decrease 15 minutes after taking medication, return to class.
 - b) If symptoms increase in severity or there is no breathing/pulse or decreased level of consciousness, delegate call to 911 and begin CPR if necessary.
- 5) Notify mother @ _____ father @ _____ of incident and action taken.
- 6) Record medication on medication record.

I have read this emergency plan and am in agreement with it for implementation in the school should the need arise. I waive any claims I might have against The Seven Hills School, its employees or agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the implementation or attempts at implementation of this plan.

 (Parent's Signature)

 (Date)

 (Physician's Signature)

 (Date)

Distribution: As deemed necessary by The Seven Hills School