

ST. MARY'S COUNTY PUBLIC SCHOOLS
Department of Student Services/ St. Mary's County Health Department

EMERGENCY ASTHMA ACTION PLAN

Student's Name: _____ Grade: _____ Age: _____

Teacher: _____ Room: _____

Parent(s)/Legal Guardian(s) Name: _____ Phone: (H) _____

Address: _____ Phone: (W) _____

STUDENT'S
PHOTO

Physician Student Sees for Asthma: _____ Phone: _____

Peak Flow Monitoring

- Personal Best Peak Flow Number: _____
- Monitoring Times: _____

Steps to take during an asthma episode:

1. Give medications as prescribed.
2. Stay with student; remain calm; encourage student to relax.
3. If symptoms decrease after taking medications; student may return to class.
4. Call 911 if the student has any of the following:
 - ✓ No improvement after initial treatment with medication
 - ✓ Peak flow of _____
 - ✓ Complains of chest tightness
 - ✓ Shortness of breath
 - ✓ Child is hunched over
 - ✓ Child is struggling to breathe
 - ✓ Trouble walking
 - ✓ Lips or fingernails are gray or blue
 - ✓ Decreased level of consciousness
 - ✓ Inability to speak in full sentences without taking a breath
 - ✓ **No breathing or pulse, begin CPR.**
5. Notify administrator and parent(s)/legal guardian(s) promptly of incident and action taken.

Emergency Asthma Medications

Name	Amount	When to Use
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

COMMENTS / SPECIAL INSTRUCTIONS

Physician's Signature

Date

Parent(s)/Legal Guardian(s) Signature

Date

School Nurse's Signature

Date

Copies to: Parent(s)/Legal Guardian(s)
Health Record

EMERGENCY ASTHMA ACTION PLAN (CONTINUED)

Emergency Response Information

Student's Name: _____ D.O.B.: _____

Parent/Legal Guardian #1: _____ Parent/Legal Guardian #2: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Emergency Medication: No Yes (Name) _____

Physician's Name: _____ Physician's Phone #: _____

Parent(s)/Legal Guardian(s)' Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

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Reviewed by: _____ Title: _____ Date: _____

Reviewed by: _____ Title: _____ Date: _____

Reviewed by: _____ Title: _____ Date: _____

Reviewed by: _____ Title: _____ Date: _____

Reviewed by: _____ Title: _____ Date: _____

Reviewed by: _____ Title: _____ Date: _____

Reviewed by: _____ Title: _____ Date: _____

Reviewed by: _____ Title: _____ Date: _____

Reviewed by: _____ Title: _____ Date: _____

Reviewed by: _____ Title: _____ Date: _____

EMERGENCY ASTHMA ACTION PLAN (CONTINUED)

Trained Staff Members

- | | |
|----------|------------|
| 1. _____ | Date _____ |
| 2. _____ | Date _____ |
| 3. _____ | Date _____ |
| 4. _____ | Date _____ |
| 5. _____ | Date _____ |
| 6. _____ | Date _____ |

Metered Dose Inhaler Direction

1. Make sure the inhaler is free of foreign objects. Shake the inhaler for 10 seconds to mix the medicine. Remove the cap from the mouthpiece.
2. Stand up, take a deep breath in, and breathe out as much as you can.
3. Open your mouth with the inhaler 1 to 2 inches away. Hold the inhaler between your index finger and thumb.
4. With mouth open, take a slow, deep breath (for about 5 seconds) through your mouth while, at the same time, firmly pressing down on the canister to release the medicine.
5. Hold your breath for 5 to 10 seconds, with your mouth closed.
6. Breathe out slowly through your mouth.
7. Wait 1 minute before taking a second puff, if directed. Repeat steps 1 through 6 if taking a second puff.