

Student Name \_\_\_\_\_ DOB \_\_\_ / \_\_\_ / \_\_\_ Grade/Class: \_\_\_\_

Physician Treating Student for Asthma \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**EMERGENCY PLAN**

**Emergency action is necessary when the student has symptoms such as,** \_\_\_\_\_

**STEPS TO TAKE DURING AN ASTHMA EPISODE:**

- 1. \* Give emergency medications as listed below. Student should respond to w/in 15-20 minutes
- 2. Contact parent/guardian if \_\_\_\_\_

3. Seek emergency medical care (CALL 911) if the student has any of the following:

- ✓ Coughs constantly
- ✓ No improvement 15-20 min. after treatment w/medication (and relative can't be reached)
- ✓ Hard time breathing with: Chest & neck pulled in with breathing, stooped body posture, struggling or gasping
  - ✓ Trouble walking or talking
- ✓ Stops playing and can't start activity again
- ✓ Lips or fingernails are grey or blue

**EMERGENCY ASTHMA MEDICATIONS:**

	MEDICATION	DOSAGE	WHEN TO USE
1.	_____	_____	_____
2.	_____	_____	_____

**Identify the things which start an asthma episode (check each that applies to student)**

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Exercise               | <input type="checkbox"/> Strong odors/fumes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Respiratory infections | <input type="checkbox"/> Chalk dust/dust    | _____                                |
| <input type="checkbox"/> Temperature change     | <input type="checkbox"/> Carpets            | _____                                |
| <input type="checkbox"/> Animals                | <input type="checkbox"/> Pollens            | <b>Comments:</b> _____               |
| <input type="checkbox"/> Food _____             | <input type="checkbox"/> Molds              | _____                                |

**School Environment** - List any environmental control measures, pre-medication (@ home), and/or dietary restrictions that (if possible) the student needs to prevent an asthma episode: \_\_\_\_\_

**Comments / Special Instructions** (note here, if 7<sup>th</sup> or 8<sup>th</sup> grade student has received physician instruction and should be allowed to carry and administer inhaler by himself): \_\_\_\_\_

*NOTE: Parents are to provide 2 inhalers for use at Mater Dei. 1 inhaler for the office AND either 1 inhaler for the coach - Upper School OR 1 inhaler for the Lower School classroom.*

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DATE