

Burgettstown Area School District  
School Health Services

**Asthma Emergency Care Plan**

You have noted that your child has asthma. It is important to have annual health information provided to the school. Please complete this Asthma Emergency Care Plan and return to the school nurse so the plan to help your child in an emergency can be provided to school personnel. It is the responsibility of the parents/guardians to provide necessary special food and medicine needed at school. If you have any questions, please call the school nurse.

**Student Information**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_

Physical Education Period \_\_\_\_\_

How often asthma attacks occur \_\_\_\_\_

Has the student been treated in the hospital for asthma in the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_ When/Where \_\_\_\_\_

Is a peak flow meter used? Yes \_\_\_\_\_ No \_\_\_\_\_ Best flow rate \_\_\_\_\_

**Check conditions that usually bring on asthma attacks:**

Respiratory infection \_\_\_\_\_ Exposure to cold air \_\_\_\_\_ Emotional stress \_\_\_\_\_ Odors \_\_\_\_\_

Exercise (Describe) \_\_\_\_\_

Allergic reaction to \_\_\_\_\_

Other \_\_\_\_\_

**Check the signs that are usually present during an asthma attack:**

Coughing \_\_\_\_\_ Wheezing \_\_\_\_\_ Shortness of breath \_\_\_\_\_ Anxious \_\_\_\_\_

Blueish color of skin/nails \_\_\_\_\_ Unable to speak sentences without taking a breath \_\_\_\_\_

Other \_\_\_\_\_

These signs indicate the need for emergency medical care. The steps that should be taken are:

- Activate the emergency medical system in your area

Phone: \_\_\_\_\_

- Call parent/guardian or physician

Triggers \_\_\_\_\_

Asthma is currently being treated by Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

Are medications needed to control asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

Medication	Amount	Time of Day

**The usual procedure followed at school for student's asthma attack:**

1. Allow student to use his/her prescribed asthma medication (assist if needed), call nurse.
2. Encourage student's relaxation and breathing.
3. Monitor symptoms
  - a. If symptoms decrease in 15 minutes, may return to class
  - b. If symptoms remain the same, contact parent/guardian

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_