

EAST ROCKAWAY PUBLIC SCHOOLS
East Rockaway, New York
ASTHMA CARE PLAN

Student: _____ Grade _____ DOB _____
Asthma Triggers _____
Mother _____ Cell _____ Work _____ Home _____
Father _____ Cell _____ Work _____ Home _____
Emergency Contact _____ Relationship _____ Phone _____

SYMPTOMS OF AN ASTHMA EPISODE MAY INCLUDE ANY/ALL OF THESE:

CHANGES IN BREATHING: Coughing, wheezing, breathing through mouth, shortness of breath.

VERBAL REPORTS of: Chest tightness, chest pain, cannot catch breath, dry mouth, "neck feels funny", speaks funny, doesn't feel well.

APPEARANCE: anxious, sweating, nauseous, fatigued, stands with body hunched over and cannot straighten up easily.

SIGNS OF AN ASTHMA EMERGENCY:

Breathing with chest and/or neck pulled in, sits hunched over, nose opens wide when inhaling.

Difficulty in walking and talking.

Blue/gray discoloration of lips and/or fingernails.

Failure of medication to reduce worsening symptoms with no improvement 15-20 minutes after initial treatment.

Respirations greater than 30/minute.

Pulse greater than 120/minute.

TREATMENT:

STOP ACTIVITY IMMEDIATELY!

Help student assume a comfortable position. Sitting up is usually more comfortable.

Encourage purse-lipped breathing.

Encourage fluids to decrease thickness of lung secretions.

Give medication as ordered:

Observe for relief of symptoms.

Notify school nurse if you have not already done so.

IF NO RELIEF NOTED WITHIN 15-20 MINUTES, CALL 911 !!

Healthcare Provider: _____ Phone: _____ Date: _____

Parent Signature: _____ Phone: _____ Date: _____

This information will be shared with school staff on a need to know basis to protect the safety of the student

