



SYRACUSE CITY SCHOOL DISTRICT
EMERGENCY CARE PLAN
ASTHMA



Student: _____ Grade: _____ School Contact: _____ DOB: _____
Asthma Triggers: _____ Best Peak Flow: _____
Mother Home #: _____ Mother Work #: _____ Mother Cell #: _____
Father: _____ FHome #: _____ FWork #: _____ FCell #: _____
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, Peak Flow of <_____
• VERBAL REPORTS of: chest tightness, chest pain, cannot catch breath, dry mouth, "neck feels funny", doesn't feel well, speaks quietly.
• APPEARS: anxious, sweating, nauseous, fatigued, stands with shoulders 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 the lips and/or fingernails.
• Failure of medication to reduce worsening symptoms with no improvement 15-20 minutes after initial treatment.
• Peak Flow of _____ or below.
• Respirations greater than 30/minute.
• Pulse greater than 120/minutes.

STAFF MEMBERS INSTRUCTED:

- Administration Classroom Teacher(s) Special Area Teacher(s)
 Support Staff Transportation Staff

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. If no relief in 15-20 minutes, follow steps below for an asthma emergency.
Notify school nurse at _____ who will call parents/guardian and healthcare provider.

STEPS TO FOLLOW FOR AN ASTHMA EMERGENCY:

Call 911 (Emergency Medical Services) and inform them that you have an asthma emergency. They will ask the student's age, physical symptoms, and what medications he/she has taken and usually takes.
A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other student's is present. Preferred Hospital if transported: _____

Healthcare Provider: _____ Phone: _____
Written by: _____ Date: _____
 Copy provided to Parent Copy sent to Healthcare Provider
Parent/Guardian Signature to share this plan with Provider and School Staff: _____