

## Quick Relief and Emergency Plan

**Immediate action is required when the student exhibits any of the following signs of respiratory distress:**

|                                   |                                    |                                   |
|-----------------------------------|------------------------------------|-----------------------------------|
| Severe cough                      | Chest tightness                    | Shortness of Breath               |
| Turning blue                      | Rapid, labored breathing           | Sucking in of the chest wall      |
| Wheezing                          | Shallow, rapid breathing           | Difficulty walking from breathing |
| Difficulty talking from breathing | Decreased or loss of consciousness |                                   |

### Steps to Take During an Asthma Episode:

1. Give Emergency Asthma Medications as Listed Below:

| Quick Relief Medications | Dose/Frequency | When to Administer |
|--------------------------|----------------|--------------------|
|                          |                |                    |
|                          |                |                    |

2. Contact Parents if \_\_\_\_\_

3. Call Doctor if \_\_\_\_\_

4. Call 911 to activate EMS if the student has any of the following:

- Lips or fingernails are blue or gray
- Student is too short of breath to walk, talk, or eat normally
- No relief from medication within 15-20 minutes with any of the following signs:
  - Chest and neck pulling in with breathing
  - Child is hunching over
  - Child is struggling to breathe
  - Other \_\_\_\_\_

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE THE STUDENT TO MEDICAL FACILITY**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Parent Consent for Management of Asthma at School

I, the parent or guardian of the above named student, request that this school Asthma Action Plan be used to guide the care of my child. I agree to:

1. Provide necessary supplies, equipment and medications
2. Notify the school of any changes in the student's health status
3. Notify the school and complete new consent for changes in orders from the student's health care provider
4. Authorize the school nurse to communicate with the primary care provider/specialist asthma/allergy as needed
5. Allow school staff interacting directly with my child to be informed about his/her special needs while at school.

\_\_\_\_\_  
(Parent Name)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)