

Valley Central School District Asthma Emergency Health Care Plan

Student
Photo

Student: _____ Grade: _____ DOB: _____

Asthma Triggers: _____ Best Peak Flow: _____

Mother: _____ MHome #: _____ MWork #: _____ MCell #: _____

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 < _____.

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 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/minute.

TO BE COMPLETED BY PHYSICIAN OR HEALTH CARE PROVIDER

TREATMENT:

Stop activity immediately. Notify school nurse at _____ who will call parent/guardian & health care provider

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

Encourage purse-lipped breathing.

Encourage fluids to decrease thickness of lung secretions.

Medication ordered: _____ Dose: _____ Route: _____ Frequency: _____

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Special Instructions: _____

Observe for relief of symptoms. If no relief noted in 15 – 20 minutes, follow steps below for an asthma emergency.

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 students is present

Healthcare Provider: _____ Phone: _____

Written by: _____ Date: _____

Parent/Guardian Signature to share this plan with Provider and School Staff: _____

Health Care Provider Signature _____ Date: _____

Please Stamp



Valley Central School District

PROVIDER AND PARENT PERMISSIONS
REQUIRED FOR INDEPENDENT MEDICATION USE AND CARRY

Directions for the Health Care Provider: This form may be used as an addendum to a medication order which does not contain the required diagnosis and attestation for a student to independently use and carry their medication as required by NYS law. A provider order and parent/guardian permission is needed in order for a student to carry and use medications that require rapid administration to prevent negative health outcomes. These medications should be identified by checking the appropriate boxes below.

Student Name: _____ DOB: _____

Health Care Provider Permission for Independent Use and Carry

I attest that this student has demonstrated to me that they can self-administer the medication(s) listed below safely and effectively, and may carry and use this medication (with a delivery device if needed) independently at any school/school sponsored activity with no supervision by school staff. This order applies to the medications checked below:

This student is diagnosed with:

- Allergy and requires Epinephrine Auto-injector
Asthma or respiratory condition and requires Inhaled Respiratory Rescue Medication
Diabetes and requires Insulin/Glucagon/Diabetes Supplies
(State Diagnosis) which requires rapid administration of (Medication Name)

Signature: _____ Date: _____

Parent/Guardian Permission for Independent Use and Carry

I agree that my child can use their medication effectively and may use and carry this medication independently at any school/school sponsored activity with no supervision by school staff.

Signature: _____ Date: _____

Please return to School Nurse:

Table with 3 columns: School Nurse, School, Phone #, Fax, Email