WOODFORD COUNTY PUBLIC SCHOOLS

Emergency Action Plan: ASTHMA

Student:	DOB:	Parent/Guardian:
Today's Date:		Home Phone:
School:	Bus:	Work Phone:
Grade:	Teacher:	Cell Phone:

IF YOU SEE THIS	DO THIS
• Difficult, shallow, rapid breathing • Longer exhale, whistling, wheezing • Unable to speak, coughing • Flaring nostrils • Neck/chest muscles pulling in with breaths • Cyanotic (turning blue)	• Give rescue inhaler/nebulizer as directed by MD •Calm the student, slow deep breaths in through the nose and out through the mouth • Pucker lips to ease windpipe pressure (like whistling) • Give sips of cold water to thin mucus • Call parent and/or 911 as appropriate

Do NOT give caffeinated drinks (soda, tea) as they are not compatible with asthma medications

Parent/Guardian:

Does student have prescription for a rescue inhaler? (circle one) Yes No

If yes, what is the name of the rescue inhaler____

Does student use preventative inhalers? (circle one) Yes No

If yes, what is the name(s) of preventative inhaler(s)____

Does student take any other preventative medications for asthma/allergies? For example, nasal sprays, oral medications (circle one) Yes No

If yes, what are the names of these medications____

Asthma attack caused by:____

Student's worst season________________________________ Asthma is ___worse____better____same as a year ago

Doctor's Name:_______________________________________ Phone Number:____

Parent/Guardian Signature____ Date______________________

~~~~~~

Nurse Signature____ Date ____________________

File original in health section of student cumulative record. Send copies to all need to know staff and place copy in medication administration log.

Prescription medication form on file? Yes No Permission to carry signed by MD? Yes No

Location of inhaler at school___________________________[Type text] [Type text]
~~~~~~