



To Be Completed by the Health Care Provider

ASTHMA EMERGENCY CARE PLAN

San Francisco Unified School District
Student Support Services
1515 Quintara Street
San Francisco, CA 94116-1273
Tel: 415.242.2615 | Fax: 415.242.2618

Name: _____ Age: _____ Date of Birth: _____
School: _____ Homeroom Teacher: _____ Grade: _____ Room: _____
Parent/Caregiver Name: _____ Phone (home) _____ (cell): _____ (work): _____
Health Care Provider Treating Student for Asthma _____ Phone: _____

To provide assistance to a pupil experiencing asthma symptoms.

<u>If you see or hear this</u>	<u>Actions to Take</u>
<ul style="list-style-type: none"> Noisy breathing (wheezing) Coughing Shortness of breath Complaining of chest tightness or pressure on chest Difficulty breathing OTHER: _____	<ol style="list-style-type: none"> Stay with student, speak softly, and stay calm Keep person sitting upright and encourage slow deep breathing—in through the nose & out through puckered lips. Give quick relief medication: <i>(circle or write in)</i> Albuterol Inhaler 2 puffs with spacer; If symptoms improve, may repeat in 4 hours. Other: _____ Location of med: _____ <i>(School to complete)</i>
Factors that may cause an asthma episode include: cold weather, cigarette smoke, dust mites, exercise, respiratory infection, strong odor, pollens, mold, foods and/or OTHER: _____ _____	If symptoms continue, repeat in 5-10 minutes and have helper call 911. May repeat with 3-4 puffs every 20min x3 until medical help arrives. <ol style="list-style-type: none"> Have helper call parents/guardian/ and school nurse or Nurse of the Day (242-2615). <i>*A completed and signed Medication Form must be on file at the school for each medication before medication can be administered at school.</i>

CALL 911 IF YOU SEE

- Breathing difficulty remains or worsens
- Continuous spasmodic coughing
- Increasing anxiety or confusion
- Stooped body posture
- Struggling or gasping for breath
- Student having trouble talking or walking
- Skin pulling in around collarbone and ribs with breathing
- Student stopping play and not able to start activity again, due to breathing problems
- Lips or fingernails turning (darkening) grey or blue

Administer CPR if breathing stops! Continue until paramedics arrive!

Does student need medicine before PE/ recess? No Yes Med Location _____
 As Needed? No Yes Always use before exercise? No Yes *(school to complete)*
 Med: *(circle or write in)* Albuterol Inhaler – 2 puffs with spacer, 15-20 minutes before exercise
 Other _____

I authorize school personnel to implement this Asthma Emergency Plan as described.

Health Care Provider Signature Date

I give my consent for school authorities to take appropriate action for the safety and welfare of my child. I give my consent for school authorities to communicate with the authorized health care provider when necessary. My child does not need services

Parent/Caregiver Signature Date

Available @ <http://www.healthiersf.org/Forms/index.html>