



To Be Completed by the Health Care Provider

# ASTHMA EMERGENCY CARE PLAN

San Francisco Unified School District  
Student Support Services Department  
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"> <li>Noisy breathing (wheezing)</li> <li>Coughing</li> <li>Shortness of breath</li> <li>Complaining of chest tightness</li> <li>or pressure on chest</li> <li>Difficulty breathing</li> </ul> OTHER: _____	<ol style="list-style-type: none"> <li>Stay with student, speak softly, and stay calm</li> <li>Keep person sitting upright and encourage slow deep breathing—in through the nose &amp; out through puckered lips.</li> <li>Give quick relief medication: <b>(circle or write in)</b> Albuterol Inhaler 2 puffs with spacer; If symptoms improve, may repeat in 4 hours. Other: _____ <b>Location of med:</b> _____ <i>(School to complete)</i></li> </ol>
<b>Factors that may cause an asthma episode include:</b> cold weather, cigarette smoke, dust mites, exercise, respiratory infection, strong odor, pollens, mold, foods and/or OTHER: _____ _____	<b>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.</b> <ol style="list-style-type: none"> <li>Have helper call parents/guardian/ and school nurse or Nurse of the Day (242-2615).</li> </ol> <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

Doy mi consentimiento para que las autoridades escolares tomen la acción apropiada para la seguridad y bienestar de mi hijo/a. Doy mi consentimiento para que las autoridades escolares se comuniquen con el médico de mi hijo/a, cuando sea necesario.  Mi hijo/a no necesita los servicios.

\_\_\_\_\_  
Firma del padre de familia o encargado Fecha