**To Be Completed by the Health Care Provider**

**ASTHMA**

**EMERGENCY CARE PLAN**

**To provide assistance to a pupil experiencing asthma symptoms.**

<table>
<thead>
<tr>
<th>If you see or hear this</th>
<th>Actions to Take</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Noisy breathing (wheezing)</td>
<td>1. Stay with student, speak softly, and stay calm</td>
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<tr>
<td>• Coughing</td>
<td>2. Keep person sitting upright and encourage slow deep breathing—in through the nose &amp; out through puckered lips.</td>
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<tr>
<td>• Shortness of breath</td>
<td>3. Give quick relief medication: <em>(circle or write in)</em></td>
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<tr>
<td>• Complaining of chest tightness</td>
<td>Albuterol Inhaler 2 puffs with spacer;</td>
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<tr>
<td>• or pressure on chest</td>
<td>If symptoms improve, may repeat in 4 hours.</td>
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<tr>
<td>• Difficulty breathing</td>
<td>Other:</td>
</tr>
<tr>
<td>OTHER:</td>
<td>(School to complete)</td>
</tr>
</tbody>
</table>

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: ______

**CALL 911 IF YOU SEE**

- Breathing difficulty remains or worsens
- Continuous spasmodic coughing
- Increasing anxiety or confusion
- Stood 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](http://www.healthiersf.org/Forms/index.html)

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