To provide assistance to a pupil experiencing asthma symptoms.

**If you see or hear this**
- Noisy breathing (wheezing)
- Coughing
- Shortness of breath
- Complaining of chest tightness
- or pressure on chest
- Difficulty breathing
**OTHER:**

**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:**

**Actions to Take**
1. Stay with student, speak softly, and stay calm
2. Keep person sitting upright and encourage slow deep breathing—in through the nose & out through puckered lips.
3. Give quick relief medication: (circle or write in)
   - Albuterol Inhaler 2 puffs with spacer; If symptoms improve, may repeat in 4 hours.
   - Other:
   - **LOCATION OF MED:**

If symptoms continue, repeat in 5-10 minutes and have helper call 911. May repeat with 3-4 puffs every 20 min x3 until medical help arrives.
4. Have helper call parents/guardian/ and school nurse or Nurse of the Day (242-2615).

* A completed and signed Medication Form must be on file at the school for each medication before medication can be administered at school.

**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?**

- As Needed? ☐ No ☑ Yes

**Med Location**

**Always use before exercise?**

- 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

本人同意，为了本人子女的安全和健康着想，学校当局可採取適當行動。本人同意，必要時，學校當局可與授權的健康護理員聯絡。 ☑ 本人子女不需要服務。

________________________________________________________
___________________________
家長/看顧人簽名 日期

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