

STUDENT ASTHMA ASSESSMENT AND EMERGENCY PLAN

Name _____ Date of Birth _____
 Teacher _____ Room _____

Parent(s) or Guardian(s)

Name _____ Phone (H) _____ Phone (W) _____ Pager/Cell _____
 Name _____ Phone (H) _____ Phone (W) _____ Pager/Cell _____

In case of emergency contact

Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____

ASTHMA ASSESSMENT

Identify triggers that start an Asthma episode (check each that applies and specify).

<input type="checkbox"/>	Animals		<input type="checkbox"/>	Molds
<input type="checkbox"/>	Dust/Mites		<input type="checkbox"/>	Pollens (with times of year)
<input type="checkbox"/>	Chalk dust		<input type="checkbox"/>	Respiratory Infections
<input type="checkbox"/>	Change of Season		<input type="checkbox"/>	Strong odors or fumes
<input type="checkbox"/>	Exercise		<input type="checkbox"/>	Other
<input type="checkbox"/>	Food			
			<input type="checkbox"/>	Comments

Are any triggers life-threatening?	
Is your child on any Asthma medication?	
Any behavioral side effects to Asthma medications?	
Precautions in school environment to reduce frequency of episodes (e.g. activity restrictions).	
Comment/Special instructions (e.g. spacer, peak flow monitoring if prescribed by health care provider for use in school).	

Check all early warning signs.

- | | |
|---|---|
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Itchy throat |
| <input type="checkbox"/> Dry mouth | <input type="checkbox"/> Runny nose |
| <input type="checkbox"/> Feeling weak | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Funny feeling in chest | <input type="checkbox"/> Peak flow number from _____ to _____ |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Irritability | _____ |

Worsening signs and symptoms are _____

When did they last occur? _____

If prescribed, peak flow number _____

EMERGENCY PLAN

Steps to be taken during an Asthma episode:

- calm child
- encourage slow deep breathing exercises
- check peak flow number, if prescribed
- give medicine, if prescribed
- stay with child 15 minutes
- send child back to classroom if improved
- contact parent

These symptoms indicate the need for further emergency care.

- | |
|---|
| <ul style="list-style-type: none">• difficulty breathing, walking or talking• blue or gray discoloration of lips or fingernails• increasing anxiety |
|---|

If any of these symptoms occur:

- call 911
- contact parent/guardian
- an adult stays with child until emergency contact person arrives
- give copy of this form and emergency recording to EMS or emergency contact person

We have read and agreed with the emergency plan.

Parent Signature

Date

Physician's Signature

Date

[OVER]