ASTHMA

Mamaroneck Union Free School District

EMERGENCY ACTION PLAN

Student's name: ______________________________ DOB: __________Grade/class: ________________

School: ❒ Central ❒ Chatsworth ❒ Mamaroneck Avenue ❒ Murray ❒ Hommocks ❒ High School ❒ Other __________

Mother/Guardian: ____________________________ (H) ____________________________

(C): ________________________________ (W) ____________________________

Father/Guardian: ___________________________ (H) ____________________________

(C): ________________________________ (W) ____________________________

Emergency Contact:

________________________________ (H) ____________________________

(C): ________________________________ (W) ____________________________

PHOTO ID

Asthma Physician: ______________________________________ Phone: _________________

Primary Care physician: __________________________________ Phone: _________________

Signs of an asthma attack include:

- ✓ difficulty catching breath; chest tightness; chest hurts
- ✓ itchy chin or neck; neck feels funny
- ✓ difficulty breathing; rapid breathing
- ✓ child is hunched over to breathe
- ✓ lips or fingernails turn blue or gray
- ✓ coughing or wheezing
- ✓ child appears restless or anxious
- ✓ chest or neck pulled in with breathing
- ✓ stops activity and sits still

THE SEVERITY OF SYMPTOMS CAN QUICKLY CHANGE. ALL ABOVE SYMPTOMS CAN POTENTIALLY PROGRESS TO A LIFE-THREATENING SITUATION!

ACTION:

1. Call school nurse or administration if the school nurse is not available.
2. If an asthma attack is suspected, give inhaler or assist self-directed student to administer his/her own inhaler.
3. Nebulizer treatments can only be administered by the school nurse
4. Monitor for symptoms

IF SYMPTOMS WORSEN:

5. Do not leave student alone.
6. Call 911.
7. Call parent or guardian.
8. Inform building administration that 911 has been called.
9. Keep the student calm.

Emergency Asthma Medications:

Name of student's inhaler medication: ______________________ Administer 2 puffs/inhalations as ordered by Healthcare Provider

❒ Check here if a spacer is used with metered dose inhaler

Comments/Special Instructions: ____

Signature of parent/guardian: ____________________________________ Date: ____________________

Signature of Health Care Provider: ________________________________ Date: ____________________

Parent signature gives permission to speak to child's physician/practitioner and school staff as needed

PARENT – PLEASE COMPLETE THE OTHER SIDE OF FORM

Updated: 4/16

ASTHMA INFORMATION FORM

Dear Parent(s) or Guardian(s):

So that I may provide the best care for your child, please complete the attached information form and return it to me as soon as possible. If any changes occur during the year, please notify me.

Name of child: ______________________ Grade/class/cnslr: ______________________

Daily Asthma Management Plan

- ☐ Identify the things which start an asthma episode (Check each that applies to your child):
  - ○ Exercise
  - ○ Strong odors or fumes
  - ○ Molds
  - ○ Animals
  - ○ Carpets in the room
  - ○ Pollens
  - ○ Change in temperature
  - ○ Respiratory infections
  - ○ Food: ______________
  - ○ Other: ______________
- ☐ Describe the type of symptoms child experiences (e.g. wheezing, coughing, tightness, other):

  ____.
- ☐ What usually helps if an attack occurs? ______________________________________.
- ☐ Medications child takes at home for asthma:

Name	Dose	How often

- ☐ Side effects of medication that your child experiences: ______________________.
- ☐ Does your child use a peak flow meter? ○ Yes ○ No

  If so, what is the child's current best peak flow? ______
- ☐ Number of times child has had to be taken to an emergency facility for an acute attack of asthma in the past 12 months: ______
- ☐ Additional information/instructions: ______________________________________

PLEASE CONTACT THE SCHOOL NURSE IF INFORMATION OR CHILD'S CONDITION CHANGES DURING THE SCHOOL YEAR. THANK YOU FOR HELP IN PROVIDING THE BEST CARE FOR YOUR CHILD.

Signature of parent/guardian: ______________________ Date: ______________

ASTHMA INHALERS AT SCHOOL:

The student comes to the health office where the inhaler is kept, and uses it under supervision. The advantage is that the medication will be used correctly, in the proper amount, and records will be kept. A number of students keep their inhalers in the health office and come in before PE, recess, or as needed. Students who are self-directed may carry their own inhalers. It is strongly suggested that they keep an additional inhaler in the Health Office.

All medications brought to school must be accompanied by a written doctor's order, with a signed parental permission note. The medication must be in its original container, clearly labeled, from your pharmacist. Forms are available from the school nurse for this purpose.

PLEASE COMPLETE THE OTHER SIDE OF FORM