



ASTHMA EMERGENCY CARE PLAN

For School Use Only

Medication: NO YES (Attach Med Form) Medication Location: _____




Copies of this ECP & Med Form, the medication, must go on all offsite activities.

TO BE COMPLETED BY PARENT/CAREGIVER

Name: _____ Date of Birth: _____ School: _____
 Grade: _____ Homeroom Teacher: _____ Room: _____
 Parent/Caregiver info: Name _____ Phone _____ Email _____

TO BE COMPLETED BY THE HEALTH CARE PROVIDER

Health Care Provider Treating Student for Asthma: _____ Ph: _____
 Other asthma medication used at home: _____
 Does student require inhaler before exercise: No Yes
 If yes, please specify: medication _____ to be given # _____ minutes before exercise
 Reduce exposure to the following asthma triggers: _____

Green Zone Doing Well 	SYMPTOMS <ul style="list-style-type: none"> Breathing is normal Feel good doing usual activities No cough, wheeze, chest tightness, or shortness of breath 	ACTIONS TO TAKE Student continues taking daily medication at home as prescribed GOAL: Prevent asthma symptoms every day and feel good!
Yellow Zone CAUTION! 	SYMPTOMS <ul style="list-style-type: none"> Cannot do all of your normal activities Regular breathing is a little faster than normal Slight cough, wheeze, chest tightness, or shortness of breath Mild chest congestion from cold or allergies 	ACTIONS TO TAKE Staff stays with the student. Staff remains calm and speaks softly Staff seats student in an upright position Staff to encourage student to take slow, deep breaths (“belly breathing”) Staff assists with quick relief medication (as prescribed): _____ (name of the medication, *see medication form) Staff to wait with the student for 15 minutes. If symptoms resolve and student remains in Green Zone, may return to class. Staff to call school nurse/parent/guardian to inform GOAL: Student is back in the green zone
Red Zone Medical Alert 	SYMPTOMS <ul style="list-style-type: none"> Persistent cough or wheeze Cannot walk, talk, or move well Rapid or shallow breathing Flared or enlarged nostrils Struggling or gasping for breath Difficulty Speaking Gray, dusky, or bluish color around mouth or under nails Quick relief medication hasn’t helped 	EMERGENCY! Get help! Do not leave student alone ACTIONS TO TAKE <ul style="list-style-type: none"> CALL 911 immediately and notify parents Administer CPR if breathing stops! Continue until paramedics (EMS) arrive! <ul style="list-style-type: none"> Give a copy of the student’s Emergency Card to EMS Send emergency medication with EMS

I authorize school personnel to implement this Asthma Emergency Care Plan as described. **I have completed a medication form for the quick relief medication.**

Health Care Provider Signature & NPI #

Date

I give my consent for school authorities to take appropriate action for the safety and welfare of my child. I give my consent to communicate with the authorized health care provider when necessary.

Parent/Caregiver Signature

Date