



# Constellation Schools

## Old Brooklyn Community Elementary and Middle

*"The Right Choice for Parents and a Real Chance for Children"*

### Asthma Emergency Action Plan

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ School Year \_\_\_\_\_

#### Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Signs of Student's Asthma Flare – circle all that apply:

Wheeze      Cough      Chest Feels Tight      Difficulty Breathing      Difficulty Talking      Other \_\_\_\_\_

#### Steps to be taken by school personnel during an asthma flare:

1. Ensure access to emergency medication as directed per the attached Medication Request Form.
2. Student should then remain in office until symptoms have resolved. May take 10-15 minutes after taking quick acting inhaler.
3. Notify parent that emergency medication was given via appropriate form.

#### **If no asthma medication is available, or if asthma medication does not produce expected relief from the asthma episode within 10 minutes after taking the medicine, or if symptoms are worsening:**

(Required by Ohio Revised Code section 3313.716)

1. Call 911 and contact parent if any of the following signs/symptoms occur:
  - Continuous cough
  - No improvement 10 minutes after initial treatment with medication
  - Obvious difficulty breathing
  - Chest and neck pulled in with breathing
  - Child is struggling to breathe
  - Child is hunched over
  - Difficulty walking and/or talking
  - Stops playing and cannot start activity again
  - Lips or fingernails are gray or blue
2. Other special physician instructions \_\_\_\_\_  
\_\_\_\_\_

Preferred hospital if emergency room care is needed: \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

This completed "Asthma Emergency Action Plan" will be on file with the school nurse and a copy will be given to your child's teachers, as necessary.

**\*NOTE:** If a student carries their own inhaler and self-administers in school locations other than the clinic, it is the parent's responsibility to review with the student when the student should come to the clinic/office for additional medical assistance.