

# ASTHMA EMERGENCY CARE PLAN

Student Name \_\_\_\_\_ School Year \_\_\_\_\_

Grade/Teacher \_\_\_\_\_

Medications to be given at school		
Name	Dose	Time

Check if student is allowed to self-carry asthma medications  
(Sign and attach "Parent/Student Agreement to Carry Inhalers")

**The following are possible signs of an Asthma Emergency:**

1. Difficulty breathing, walking, or talking
2. Blue or gray discoloration of the lips or fingernails
3. Failure of medication to reduce symptoms, or worsening symptoms

**Asthma Emergency signs indicate the need for emergency medical care:**

1. Activate the emergency medical system (call 9-1-1)
2. Call parent/guardian at \_\_\_\_\_
3. Call physician \_\_\_\_\_

Steps to be taken in an Acute Asthma Episode: (To be completed by Physician)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Physician signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Request/Approval. I hereby request and grant permission for Northbrook School District No. 28 school personnel to administer medication to/by my daughter/son according to the above instructions. I understand that administration of medication by school personnel may be performed by an individual other than a certificated or registered school nurse, and I specifically consent to such. I further waive any claims against the School District, members of the Board of Education, its employees and agents, either jointly or severally, from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs, and expenses, including attorneys' fees, resulting from or arising out of the administration of such medication.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by School Nurse \_\_\_\_\_ Date \_\_\_\_\_

# Northbrook School District 28

## ASTHMA ASSESSMENT

1. How would you describe your child's asthma?

- Mild**      Brief intermittent symptoms no more than twice a week; asymptomatic between exacerbations
- Moderate**      Exacerbations more than twice a week; chronic symptoms requiring use of "rescue" inhaler almost daily
- Severe**      Frequent exacerbations and persistent daily symptoms

2. What causes the child's asthma? Triggers:

- Exercise                       Respiratory infection
- Allergies                       Environmental irritants (chemicals, smoke, pollution)
- Other \_\_\_\_\_

3. Do you monitor your child's **peak flow** readings; if so, what is his/her current best peak flow? \_\_\_\_\_

4. Current Medication(s):

Name	Dosage	Frequency	Side Effects?