

Linn-Mar Community Schools Asthma Health Plan

Student: _____ Date: _____

Parent/Guardian: _____ Home Phone: _____

Physician: _____ Hospital: _____

Brief description of student's asthma condition: (usual symptoms and triggers, frequency, severity, etc.)

Inhaler used:

Nebulizer treatment used:

Medications: (at home and school)

Peak flow meter readings:

Activity restrictions:

Additional information:

Emergency Protocol for Asthma:

***Typical signs and symptoms of an asthma attack: difficulty breathing, increased cough, wheeze, prolonged expiration, tightness in chest, gasping for air, skin color changes (pale or blue).**

1. Remain calm. Remove student from known triggers.
2. Assist student to an upright position. Encourage student to remain calm.
3. Administer medication prescribed as above. This should be a rescue medication.
4. Allow 15 – 20 minutes for the medication to take effect.
5. If NO change or breathing becomes worse, call parents and school nurse.
6. **If student is getting rapidly worse with increased respiratory distress, retractions (neck area or space between ribs sink in with each breath), posturing (hunched over to breathe), difficulty walking, talking, or is unable to speak, lips or fingernails turn blue or gray.**
****Call 911 for emergency assistance.**

I have read and approve of the above asthma intervention plan for school health care:

Parent/Guardian Signature

School Nurse Signature