

Fayette County School Health Services

**ASTHMA HEALTH CARE PLAN**

Please bring or mail this health care plan to the school or send to the secure FAX at 770-460-3928.

Severe Allergy  Yes  No

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School Year: \_\_\_\_\_

School: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_ Grade/Team: \_\_\_\_\_

**EMERGENCY CONTACTS**

<i>Parent/Guardian/Contact</i>	<i>Relationship</i>	<i>Phone Number</i>	<i>Email</i>
<i>Asthma Healthcare Provider:</i>		<i>Phone Number:</i>	

**EMERGENCY PLAN**

*Emergency action is necessary when the student has symptoms such as, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ or has a peak flow reading of \_\_\_\_\_.*

**•STEPS TO TAKE DURING AN ASTHMA EPISODE:**

1. Check peak flow.
2. Give emergency medications\* below. Student should respond to treatment in 15-20 minutes.
3. Contact parent/guardian if \_\_\_\_\_.
4. Re-check peak flow.
5. Call 911 (Emergency Medical Services) if the student has any of the following:
  - Coughs constantly
  - No improvement 15-20 minutes after initial treatment with medication.
  - Hard time breathing with chest and neck pulled in with breathing, stooped body posture, gasping
  - Trouble walking and talking
  - Stops playing and can't start activity again
  - Lips or fingernails are grey or blue

**•EMERGENCY ASTHMA MEDICATIONS\***

<i>Medication Name</i>	<i>Dosage (amount)</i>	<i>When to Use</i>	<i>Expiration Date</i>

► **IMPORTANT - PLEASE COMPLETE REVERSE SIDE AND SIGN** ◀

