

EMERGENCY MEDICAL RESPONSE PLAN, ASTHMA Or Other Respiratory Condition

Student Name _____ Birthdate _____ Teacher _____

Attach

Rescue medication location: office backpack on person other _____

Does student wear medic alert jewelry? yes no Type: _____

Picture Here

Other medical conditions and medications prescribed _____

◆ **Signs of an Asthma Attack** ◆ 'X' symptoms that apply

- Mood- irritability, lack of energy, headache
- Throat- scratchy, sore throat
- Skin- pale look, clammy skin, dark circles under eyes, dusky of blue nail beds
- Mouth- dusky or blue lips
- Lung- shortness of breath, repetitive coughing, and/or wheezing, dry hacking cough, tight or heavy chest, gasping for air, sucking in of muscles above and around chest walls

◆ **Classification** ◆ by symptoms 'X' symptoms that apply:

- Mild Persistent- > 2x/week but less than 1x/day; nighttime symptoms > 2x/ month
- Mild Intermittent- symptoms of wheeze or cough < 2x/week; nighttime symptoms < 2x/month; between episodes; little or no symptoms
- Moderate Persistent- daily asthma symptoms & uses inhaler daily; episodes affect daily activities; episodes > 2x/week which may last for days; nighttime symptoms > 1x/week
- Severe Persistent- Continual symptoms, limiting activity; frequent episodes & nighttime symptoms

◆ **Triggers** ◆ 'X' all that apply

- Allergies-specify _____ Virus Emotions Exercise Induced
- Weather _____ Indoor Pollutants _____ Other _____

◆ **Limitations** ◆ Specify (i.e. physical education, field trips, recess) _____

◆ **Action for Minor Attack** ◆ Medication is located: office backpack on person other _____

If only symptom(s) are: _____, give _____
Medication/Dose/Route

If condition does not improve within _____ minutes, follow steps for Major Reaction below:

◆ **Action for Major Attack** ◆

1. If rescue medication fails to stem attack after _____ minutes
2. If rescue medication fails and/or symptom(s) are _____, the following action is to be taken:
give _____ then _____
Call: a. _____ at _____
b. _____ at _____
c. _____ at _____

◆ **Other Information Affecting Student's Health** ◆

◆ **Signatures** ◆

Parent _____ Date _____ Physician _____ Date _____
Health Aide _____ Date _____

◆ **Copies** ◆

- Parent Physician Health Aide Teacher(s) PE Library Music/Band Art Computer Spanish
- Cafeteria Auxiliary Recess Aide Office/Principal Transportation (provided by parent/guardian)

It is the parents' responsibility to notify and provide the IECP to the appropriate transportation district and after-school functions.

**