

# ASTHMA EMERGENCY CARE PLAN

Minnetonka School District

<b>School:</b>	School Health Services	<b>School Year:</b>
<b>Student Name:</b>		<b>Teacher/Team:</b>
<b>Grade:</b>	<b>DOB</b>	

**Emergency Contacts:**

Name	Relationship	Home Phone	Work Phone	Cell Phone
1				
2				
3				

<b>Physician:</b>	<b>Phone:</b>
<b>Hospital:</b>	<b>Phone:</b>

<b>Health Concern:</b>	<b>Allergies:</b>

<p>1. Prevention by identifying and avoiding asthma triggers</p>	<p><b>IDENTIFY ASTHMA TRIGGERS</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Exercise-rarely</td> <td><input type="checkbox"/> Strong Odors or Fumes</td> </tr> <tr> <td><input type="checkbox"/> Respiratory Infections-</td> <td><input type="checkbox"/> Chalk Dust/Dust</td> </tr> <tr> <td><input type="checkbox"/> Change in Temperature</td> <td><input type="checkbox"/> Carpets in Room</td> </tr> <tr> <td><input type="checkbox"/> Animals</td> <td><input type="checkbox"/> Pollens</td> </tr> <tr> <td><input type="checkbox"/> Food</td> <td><input type="checkbox"/> Molds</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table>	<input type="checkbox"/> Exercise-rarely	<input type="checkbox"/> Strong Odors or Fumes	<input type="checkbox"/> Respiratory Infections-	<input type="checkbox"/> Chalk Dust/Dust	<input type="checkbox"/> Change in Temperature	<input type="checkbox"/> Carpets in Room	<input type="checkbox"/> Animals	<input type="checkbox"/> Pollens	<input type="checkbox"/> Food	<input type="checkbox"/> Molds	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	
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<b>Green Zone: All Clear</b>	<b>Yellow Zone: Caution</b>	<b>Red Zone: Medical Alert</b>
<p>Peak Flow: _____ to _____</p> <p style="text-align: center;">AND/OR</p> <ul style="list-style-type: none"> <li>No symptoms of an asthma episode</li> <li>Able to do usual activities and sleep without having symptoms</li> </ul> <p>Maintenance Medications:</p>	<p>Peak Flow: _____ to _____</p> <p style="text-align: center;">AND/OR</p> <ul style="list-style-type: none"> <li>Coughing</li> <li>Wheezing</li> <li>Shortness of breath</li> <li>Chest tightness</li> <li>Unable to perform usual activities</li> <li>Sore throat</li> </ul> <ol style="list-style-type: none"> <li>Give medication as listed:</li> <li>Reassess respiratory status, by subjective report or peak flow</li> <li>If no improvement after _____ minutes, call parent/guardian. If symptoms progress to Red Zone alert EMS</li> </ol>	<p>Peak Flow: _____ to _____</p> <p style="text-align: center;">AND/OR</p> <p><b>This is an emergency! Alert EMS</b></p> <ul style="list-style-type: none"> <li>Coughing</li> <li>Shortness of breath</li> <li>Chest and neck pulled in with breathing, struggling to breath</li> <li>May have trouble talking or walking</li> <li>Lips or fingernails are gray or blue</li> </ul> <ol style="list-style-type: none"> <li>Stay with child and reassure until emergency personnel arrive</li> <li>Alert parent/guardian</li> </ol>

In case of serious illness and I cannot be reached I authorize school personnel to contact:

Physician/Clinic: \_\_\_\_\_

or transport by ambulance to: \_\_\_\_\_  
*Hospital*

Physician's orders are required for students to take prescribed medication while at school.

In addition, **specific physician orders are necessary** for a student who needs to carry or chooses to carry their inhaler. Students carrying inhalers must be instructed in the appropriate use by both parents and physicians. We recommend that a back-up inhaler be kept in the health room.

**I give permission for my child's health plan to be shared with pertinent school staff during the current school year.** A designation of ECP (Emergency Care Plan) will appear in the alert box found within the Skyward emergency tab.

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

**LSN Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Note: Per school district policy, signed physician prescription, parent authorization, and medication in the original container are required for any medication administration at school. See [medication form K-5 or 6-12](#).*

Medication: \_\_\_\_\_ Date received in health office: \_\_\_\_\_

Date physician orders received: \_\_\_\_\_

Medication: \_\_\_\_\_ Date received in health office: \_\_\_\_\_

Date physician orders received: \_\_\_\_\_