

Lake Washington School District #414
Asthma Health Care Plan

Student Name _____ Age _____

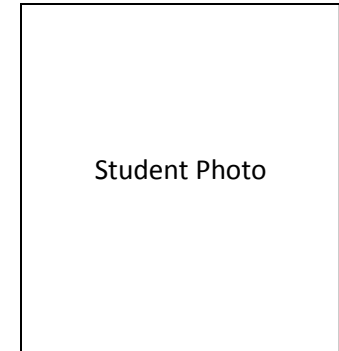
Teacher/Grade _____

Parent/Guardian Name _____ Phone _____

Parent Email Address _____ Alt. Phone _____

Parent/Guardian Name _____ Phone _____

Parent/Guardian Email Address _____ Alt. Phone _____



Emergency Contact #1 _____
Name Relationship Phone

Emergency Contact #2 _____
Name Relationship Phone

Pediatrician Name _____ Phone _____

Health Care Provider treating child for Asthma _____ Phone _____

School Nurse _____ Phone _____

These things trigger my child's asthma: _____

Does your child have any activity restrictions? If yes, please explain: _____

EMERGENCY PLAN
Remember that even mild asthma symptoms CAN progress quickly and become life threatening.

****ATTENTION****
NEVER send a child having a suspected asthma attack ANYWHERE alone.

If the child complains of:
"It's hard to breathe."
Coughing
Wheezing (noisy breathing)
Tightness in chest
Cannot work/play easily
Looks anxious or scared
Breathing is rapid
Breathing is labored

STEP 1: Give Inhaler: _____
STEP 2: Calm the child. Have the child sit up with shoulders relaxed and encourage him/her to take slow deep breaths.
STEP 3: Observe the child in the office for 10-15 min. watching for signs of improvement (breathing feels easier; wheezing goes away; child looks more relaxed; the child says they are feeling better) – if no improvement call parents.
IF SYMPTOMS WORSEN AT ALL – CALL 911 IMMEDIATELY – DO NOT WAIT

If the child has these symptoms:
Obvious distress
The child is working very hard to breathe
"Pulling in" of neck and chest with breathing
Nostrils flaring open
Trouble walking or talking
Medication is not helping
Lips or fingernails look bluish or grey

STEP 1: CALL 911 IMMEDIATELY
STEP 2: Give Inhaler: _____
STEP 3: Have someone contact parent(s)/guardian and school nurse.
STEP 4: Stay with the child and try to calm them. Have the child sit up with shoulders relaxed and encourage him/her to take slow deep breaths. Provide reassurance that help is on the way.

Parent Signature _____ Date _____

Distribution: ___Main Teacher(s) ___Specialists ___Admin ___Playground Staff **Nurse Signature** _____ rev 2011