



Carroll County Public Schools Health Services

Emergency Plan - Asthma

School Year:

Student Name:	DOB:
Current School:	Grade:

Parent/Guardian:	Parent/Guardian Phone Number:
Health Care Provider:	Health Care Provider Phone Number:
Date Plan Initiated/Revised	School Nurse:

SIGNS/SYMPTOMS OF AN EMERGENCY MAY INCLUDE ANY/ALL OF THESE:

- **CHANGES IN BREATHING:** coughing, wheezing, breathing through mouth, shortness of breath
- **VERBAL REPORTS OF:** chest tightness, chest pain, cannot catch breath, dry mouth, “neck feels funny”, doesn’t feel well, and speaks quietly.
- **APPEARS:** anxious, sweating, nausea, fatigued, stands with shoulders hunched over and cannot straighten up easily.

TREATMENT:

- Stop activity immediately.
- Help student assume a comfortable position. Sitting up is usually more comfortable.
- Encourage slow deep breaths.
- Notify the school nurse.
- Encourage fluids to decrease thickness of lung secretions.
- Give medication(s) as ordered by health care provider and CCPS Health Services procedures if provided by parent.
- Call parents/guardian.
- Observe for relief of symptoms. If no relief noted or symptoms worsen, follow steps below for an asthma emergency.

STEPS TO FOLLOW DURING AN EMERGENCY

IF YOU SEE THIS	DO THIS
<ul style="list-style-type: none"> • Very short of breath • Inhaled medication has not helped • Trouble walking and talking due to shortness of breath • Lips and/or fingernails are blue 	<ul style="list-style-type: none"> • While treating, have another person call 911 (Emergency Medical Services). • Remain with the student • Contact the student’s parents/guardian • Notify school administration

Special Instructions: (if needed)

Transportation Plan: (if needed)

Field Trip Plan: (if needed)

In an emergency, follow the steps outlined above and call 911.

Evacuation/Lockdown Plan: (if needed)



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Staff Trained to Implement Plan:

Date:

Parent Signature:

Date:

Health Care Provider Signature:

Date:

School Nurse Signature:

Date: