

ASTHMATIC REACTION PROCEDURE – PLAN OF CARE

Name: _____ Date: _____ Grade: _____

If having asthmatic reaction, student will initially exhibit: (Please check as appropriate)

- () Tightness in chest
- () Shortness of breath
- () Coughing for prolonged periods
- () Audible wheeze/unusual sounds
- () Inability to speak in complete sentences without taking a heavy breath/only able to whisper
- () Bluish discoloration of lips, nails, mucous membranes around eyes/gums
- () Coughing that causes choking, a bluish color to lips, persistent vomiting
- () Other
- () Anxious appearance
- () Need to stand or lean over at waist
- () Decreased level of consciousness

PROCEDURE:

1. Student should be administered his/her asthma medication as below:
Student may go immediately to health office accompanied by peer/school personnel
OR
May call for medication to be immediately brought to the student by school nurse
OR
() Student may carry and self-administer medications below: **(MUST CHECK IF APPLICABLE)**

2. Encourage student to relax by:
 - Assuming most comfortable position
 - Doing slow, deep breathing
 - Sipping in warm water/tea
 - Refocusing on pleasant images/thoughts
3. Monitor for symptoms above:
 - When symptoms decrease 15 minutes after taking medication; student may return to class
 - When symptoms increase in severity or there is absent breathing/pulse/decreased level of consciousness, delegate call to EMS/9-1-1, and begin CPR as necessary
4. Notify parent of incident and action taken

Parent Signature

Date

Physician Signature

Date