

Whitehall-Coply School District

Emergency Care Plan (ECP)~Asthma

Student: _____ Date: _____

Teacher/Classroom: _____ Bus: _____

Allergies: _____

List all routine daily medications taken at home (name of medication, dose, and times given):



Signs of Respiratory Difficulty/Distress

(any or all of the following)

- Coughing, shortness of breath, wheezing,
- Rapid, shallow, or labored breathing
- Difficulty carrying on a conversation due to difficulty breathing
- Difficulty walking due to breathing problems
- Blueness (cyanosis) of fingernails and lips
- Decreasing or loss of consciousness
- Other _____

Treatment

Give: _____
(medication/dose/route)

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(medication/dose/route)

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(medication/dose/route)

Permission to carry and self administer inhaler: Yes ___ No ___

Peak flow meter: Yes ___ No ___ (Peak flow guidelines on reverse)

Spacer: Yes ___ No ___

Use before exercise/physical activity: Yes ___ No ___

Emergency Calls

** **Call 911** if above signs of respiratory difficulty persist or worsen after treatment.

1. Parent/Guardian: _____

2. Additional Contacts: _____

3. Physician: _____

Parent/Guardian Signature: _____ Date: _____

Physician's Signature: _____ Date: _____

School Nurse: _____ Date: _____

School personnel informed: copies are distributed on a need to know:

Classroom teacher PE Art Library Music Cafeteria/Recess

Guidance Office Personnel

Care Plans are updated yearly and/or throughout the school year as needed.

ASTHMA INTERVENTIONS WITH OR WITHOUT PEAK FLOW METER READINGS

GREEN ZONE - Good control

Peak flow **above** _____

This is where he/she should be every day

Indicates that student's asthma is under good control.

- * No cough or wheeze
- * Tolerating activity easily

Treatment Plan:

1) Daily School Meds: **Circle one:** Albuteral / Other:

2) Use before exercise/physical activity: Yes ___ No ___

3) Other: _____

YELLOW ZONE - Worsening Asthma

Peak flow between _____ and _____

Worsening symptoms

- * More short of breath with activity
- * Need reliever inhaler more often than usual
- * Indicates a warning that student's asthma may flare
- * Vigorous activity should be avoided

Treatment Plan:

1) Reliever inhaler: **Circle one:** Albuteral / Other:

2) Recheck peak flow 10 minutes after treatment OR May return to class if symptoms or peak flow improved..

3) **May repeat inhaler if no improvement in 20 min:** Yes ___ No ___

4) **Call parent** to inform of situation.

5) If student is not improving or getting worse, follow Red Zone plan.

RED ZONE - Danger zone

Peak flow **below** _____

- * Getting little relief from inhalers
- * More breathless despite increased medications
- * Peak flows do not respond to reliever inhaler/nebulizer

Treatment Plan:

1) **Call parent** to inform of urgent situation.

2) If symptoms continue to be severe and/or parents aren't available **call 9- 911 immediately**

3) **Urgent Medications:**
