

Fayette County School Health Services

ASTHMA HEALTH CARE PLAN

Please bring or mail this health care plan to the school or send to the secure FAX at 770-460-3928.

Student: _____ Date of Birth: _____ School Year: 20__ - 20__

School: _____ Homeroom Teacher: _____ Grade/Team: _____

EMERGENCY CONTACTS

<i>Parent/Guardian/Contact</i>	<i>Relationship</i>	<i>Phone Number</i>	<i>Alternate Phone Number</i>
<i>Asthma Healthcare Provider:</i>		<i>Phone Number:</i>	

EMERGENCY PLAN

Emergency action is necessary when the student has symptoms such as, _____, _____, _____, _____ or has a peak flow reading of _____.

•STEPS TO TAKE DURING AN ASTHMA EPISODE:

1. Check peak flow.
2. Give emergency medications* below. Student should respond to treatment in 15-20 minutes.
3. Contact parent/guardian if _____.
4. Re-check peak flow.
5. Call 911 (Emergency Medical Services) if the student has any of the following:
 - Coughs constantly
 - No improvement 15-20 minutes after initial treatment with medication.
 - Hard time breathing with chest and neck pulled in with breathing, stooped body posture, gasping
 - Trouble walking and talking
 - Stops playing and can't start activity again
 - Lips or fingernails are grey or blue

•EMERGENCY ASTHMA MEDICATIONS*

<i>Medication Name</i>	<i>Dosage (amount)</i>	<i>When to Use</i>

IMPORTANT - PLEASE COMPLETE REVERSE SIDE AND SIGN

