



Berryessa Union School District--Health Services

Nurses: G. Bains 408-923-1800*3235; 408-937-4846 fax; R. Cheung 408-923-1800* 3726 ; 408-937-4908 fax

Asthma Management Plan FOR: _____ DOB: _____

School Name: _____ Teacher _____ Gr. ____ Yr: _____

Asthma triggers: Circle/highlight: Pollen, Mold, Dust, Exercise, Strong odor/fumes, Carpets, Respiratory infections, Cold temperatures, others describe _____

Emergency Contacts: _____

Emergency Medications & Location: _____

ALWAYS Remain with the student until help arrives - Never leave this student unattended!!

IF THIS HAPPENS	DO THIS (Response Action)
<p><u>Student states they're having difficulty breathing:</u></p> <ul style="list-style-type: none"> ● Shortness of breath ● Coughing, wheezing, ● Chest tightness/chest pain ● Restless; Complaints of discomfort walking, talking and breathing. <p>-----</p> <p>SEVERE SYMPTOMS</p> <ul style="list-style-type: none"> ● Difficulty speaking ● Rapid or shallow breathing ● Tightly pulled skin in Neck area or around ribs with each breath, ● Flared or enlarged nostrils (front part of nose opens wide to get in more air) ● Gray/Blue lips, fingernails. 	<p><u>Immediately call health office for assistance</u></p> <p>*Trained staff bring medication to student's location.</p> <ol style="list-style-type: none"> 1. Trained staff assist student to administer <i>2 puffs of inhaler.</i> 2. Stay with student, remain calm and reassure student. 3. Encourage student to take slow-deep breaths. 4. Seat student upright, DO NOT let student lie down. 5. Monitor x 15 minutes. May give 4 oz. warm water. 6. If student is symptom free after 15 minutes, he/she may return to class and resume regular activity. 7. If symptoms continue, monitor 15 more minutes and call parent/guardian to inform of the asthma episode. 8. If NO IMPROVEMENT after 30 minutes--CALL 9-1-1, see below. <p>-----</p> <p><u>Call 9-1-1 IMMEDIATELY</u></p> <p><u>CALL HEALTH OFFICE TO SEND CPR TRAINED STAFF TO STUDENT'S LOCATION</u></p> <ol style="list-style-type: none"> 1. <u>Health office staff or CPR trained staff to be available to administer CPR if necessary.</u> 2. <u>If paramedics transport student to the hospital and parent is not available, send a copy of student's emergency info and inhaler with paramedics.</u>

NOTE: THIS ASTHMA PLAN, STUDENT'S MEDICATIONS, & A CELL PHONE MUST BE TAKEN ON ALL FIELD TRIPS. A COPY MUST ALSO GO IN THE SUBSTITUTE TEACHER FOLDER/BINDER.

IF EMERGENCY OCCURS: Call 911 for life threatening emergency. Stay with student or designate another adult to do so. Provide ongoing care to student. Designate someone to call principal. (all page).

Trained Staff Name: _____ Trained Staff Name: _____