State of Hawaii Department of Education

EMERGENCY ACTION PLAN for SEVERE ASTHMA

School: _____ SY: _____ - _____ Grade/Rm: _____ Date: _____

Student's Name: _____ Date of Birth: _____

Diagnosis: _____

Medication: _____

Allergies: _____

Emergency Contacts:

Mother/Legal Guardian	(W) Day Phone	Cell/Pager	Home
Father/Legal Guardian	(W) Day Phone	Cell/Pager	Home
Alternate	(W) Day Phone	Cell/Pager	Home
Physician / Health Care Provider Treating Student for Asthma	Phone	Fax	

Triggers: Identify things that may start an asthma episode (check and/or write in all that apply):

☐ Exercise ☐ Respiratory Infections ☐ Weather Changes ☐ Vog
☐ Dust Mites ☐ Cockroach Droppings ☐ Animal Fur/Dander ☐ Cold Air
☐ Stress ☐ Strong Odors or Fumes ☐ Pollens ☐ Molds
☐ **Insect Bites/Stings ☐ **Food: _____ ☐ Other: _____

** Does student have auto-injectable epinephrine? ☐ Yes (refer to Severe Allergy EAP) ☐☐No

Significant Information: Inhaler located ☐ in the health room ☐ other _____

_____

_____

Usual Asthma Symptoms: ☐ Coughing ☐ Shortness of Breath ☐ Chest Tightness
☐ Wheezing ☐ Difficulty Breathing ☐ Other: _____

If a student has any of the above symptoms:

1. Stop activity and help student to a sitting position.
2. Stay calm, reassure student.
3. Call for immediate assistance (to bring inhaler to student) or escort student to health room. Never send student to health room alone.
    a. Administer inhaler per SH 36 medication order.
    b. Contact parent/legal guardian to pick up student immediately.
    c. If unable to reach parent/legal guardian, notify Administration.

Call 911 if student has **ANY** of the following:

- ✓ No improvement – 15-20 minutes after treatment with medication
- ✓ Trouble with walking or talking
- ✓ Lips are blue
- ✓ Neck and/or chest, and ribs pulled in with breathing
- ✓ Struggling to breathe
- ✓ Must hunch over to breathe

*Stay with student until emergency personnel arrive.
*Have someone wait for ambulance to arrive and direct to where student is.