

Grand Prairie Independent School District Health Services

**SELF-ADMINISTRATION OF PRESCRIPTION ASTHMA MEDICATION
EMERGENCY CARE PLAN**

Student's Name: _____ Grade: _____ School: _____
Physician's Name: _____ Phone Number: _____

Emergency Contacts:
Parent/Guardian: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____
Other Contact (Name/Day Phone): _____

Steps to take during an asthma episode:

1. Student will check peak flow reading (if child uses a peak flow meter).
2. Allow student to self-administer the prescribed asthma medication.
3. Student will be escorted to the clinic for increased symptoms and/or decreased peak flow reading.
4. **Seek emergency medical care if the child has any one of the following:**

- No improvement minutes after the initial treatment.
- Hard time breathing with:
 - Chest or neck muscles pulled in with breathing.
 - Child hunched over.
 - Child struggling to breathe.
- Trouble walking or talking.
- Stops playing and cannot start activity again.
- Lips or fingernails are gray or blue.

MEDICATION – See physician's order for self-administration of prescription asthma medication.

SCHOOL PERSONNEL (with a "need to know") notified of authorization to self-administer prescribed asthma medication:

	Initial		Initial
1.		4.	
2.		5.	
3.		6.	

PAST ALLERGIC REACTIONS:

These items are known to trigger asthma symptoms: _____

SPECIAL INSTRUCTIONS: _____

I have reviewed the Emergency Care Plan as written and have made any changes needed.

Parent Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____