

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: \_\_\_\_\_