

CYS ASTHMA ACTION CARE PLAN

Date: _____

CYS Program: _____

Name: _____

Date of Birth: _____

Photo ID

Parent/Guardian: _____

Ph: (h): _____

Parent/Guardian: _____

Ph: (w): _____

Ph: (h): _____

Ph: (w): _____

Emergency Phone Contact #1 _____
Name Relationship Phone

Emergency Phone Contact #2 _____
Name Relationship Phone

Name Of Physician: _____ Ph: _____

EMERGENCY ASTHMA 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 YES NO
2. Give medications as listed below. Child should respond to treatment in 15-20 minutes.
3. Contact parent/guardian.
4. Recheck peak flow YES NO

5. Seek emergency medical care NOW if the child has any of the following:

- ▶ Coughs constantly
- ▶ No improvement 15-20 minutes after initial treatment and parent can not be reached
- ▶ Peak flow of _____
- ▶ Hard time breathing:
 - Chest and neck pulled in with breathing
 - Stooped body posture
 - Struggling or gasping to breathe
- ▶ Trouble walking or talking
- ▶ Stops playing and can't start activity again
- ▶ Lips or fingernails are gray or blue

**IF THIS HAPPENS
GET EMERGENCY
HELP NOW!!**

■ **Emergency Asthma Medications**

	Name	Amount	When to Use
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

