BILLINGS CATHOLIC SCHOOLS
ASTHMA QUICK RELIEF & EMERGENCY PLAN

Please Print or Type

Student Name: _____ Teacher: _____ Grade: _____

- ***Immediate action is required when the student exhibits any of the following signs of respiratory distress. Always treat symptoms even if a peak flow meter is not available.***

Severe cough	Turning Blue	Blueness of fingernails & lips
Chest tightness	Rapid, labored breathing	Difficulty walking from breathing
Wheezing	Sucking in of the chest wall	Difficulty talking from breathing
Shortness of breath	Shallow, rapid breathing	Decreased or loss of consciousness

Steps to Take During an Asthma Episode

1. Give Emergency Asthma Medications as Listed Below

QUICK RELIEF MEDICATIONS	DOSE	FREQUENCY	WHEN TO ADMINISTER
1			
2			

2. Contact parent(s) if _____

3. Call _____ to activate EMS if the student has **ANY** of the following.

- Lips or fingernails are blue or gray
- Student is too short of breath to walk, talk, or eat normally
- No relief from medication within 15-20 minutes with any of the following signs
  - Chest and neck pulling in with breathing
  - Child is hunching over
  - Child is struggling to breath

PARENT CONSENT FOR MANAGEMENT OF ASTHMA AT SCHOOL

I, the parent or guardian of the above-named student request that the school Asthma Action Plan be used to guide asthma care for my child. I agree to:

1. Provide necessary supplies and equipment
2. Notify the school nurse of any changes in the student's health status
3. Notify the school nurse and complete a new consent for changes in orders from the student's healthcare provider
4. Authorize the school nurse to communicate with the primary care provider / specialist about asthma / allergy as needed
5. Allow school staff interacting directly with my child to be informed about his /she special needs while at school

Parent / Legal Guardian Signature _____ Date _____

Review by School Nurse _____ Date _____