

# ORANGE COUNTY SCHOOLS - **EMERGENCY ACTION PLAN**

Date \_\_\_\_\_ Grade \_\_\_\_\_ Home Phone \_\_\_\_\_  
Student Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_  
Physician \_\_\_\_\_ Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please review the action plan and make changes as necessary. Sign your name below and return to the school nurse's office.

## Action Plan

Medical Diagnosis: \_\_\_\_\_ **ASTHMA** \_\_\_\_\_

Persons Authorized to Administer Treatment: \_\_\_\_\_ School Nurse, other designated trained staff \_\_\_\_\_

Symptom(s)	Action(s)
<ul style="list-style-type: none"><li>• Coughing for prolonged periods</li><li>• Wheezing, musical sounds in chest or other unusual noises with breathing</li><li>• Shaking chills with or without fever</li><li>• Shortness of breath, difficulty breathing, hunching over to breathe</li><li>• Tightness in chest</li><li>• Anxious expression</li><li>• Perspiring</li><li>• Stopping activity, not wanting to walk fast or run</li></ul>	<ol style="list-style-type: none"><li>1. Have student use their inhaler as prescribed and as provided by the parent/guardian.</li><li>2. Remove student from trigger such as activity or allergen</li><li>3. If symptoms are not quickly relieved or inhaler is not available, the student must go immediately to the school health office <u>accompanied</u> by an adult or another student <b>Or</b> call school office/health staff to come to student.</li><li>4. Stay with student to monitor breathing. Speak calmly and reassuringly. Encourage to relax, sit up in a comfortable position, and to take slow, deep breaths. Offer sips of water <b>ONLY</b> if able to drink safely.</li><li>5. Contact parent/guardian.</li></ol>
Emergency Symptom(s)	Emergency Action(s)
<ul style="list-style-type: none"><li>• Struggling to breathe, sucking in of skin</li><li>• Bluish discoloration of lips, nails &amp; between ribs (from breathing in hard); pallor in students of color; unusual noises with breathing</li><li>• Sweaty, clammy skin</li><li>• Not wanting to lie down</li><li>• Declining level of consciousness</li><li>• Talking in short, clipped sentences</li></ul>	<ol style="list-style-type: none"><li>1. <b>Call 911.</b></li><li>2. Notify school health office/school nurse.</li><li>3. Contact parent/guardian.</li></ol>

Any changes needed or additional instructions/information? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Nurse Signature: \_\_\_\_\_

School: \_\_\_\_\_