

WILLISTON-ELKO SCHOOL DISTRICT #29
12255 Main Street | Williston, SC 29853 | (803) 266-7878

ASTHMA EMERGENCY ACTION PLAN

Student: _____	Medical Diagnosis: _____
Date of birth: _____	Allergies: _____
Teacher: _____	Parent Contact: _____
Physician: _____	Home: _____
Phone: _____	Cell: _____ Work: _____
Preferred hospital: _____	Other: _____

If you see this: Acute Asthma Episode	Do this:
<ul style="list-style-type: none"> • Difficulty breathing, coughing • Bluish color to the lips and face • Severe anxiety due to shortness of breath • Rapid pulse • Sweating • Decreased level of alertness, such as severe drowsiness or confusion 	<ol style="list-style-type: none"> 1. Send to nurse (may have inhaler). 2. If the emergency is life-threatening, immediately call 911. 3. Stay with student or designate another adult to do so. 4. Call or designate someone to call the school nurse, principal, and parent. <ol style="list-style-type: none"> a. State who you are. b. State where you are. c. State problem.
If you see this: Student specific emergency	Do this:

**DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL RESCUE SQUAD
 EVEN IF PARENTS CANNOT BE REACHED!**

Nurse's Signature: _____ Date: _____

Physician's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

