Stephen Restivo
Director of Physical
Education, Health & Athletics
srestivo@eischools.org

EAST ISLIP
UNION FREE
SCHOOL DISTRICT

East Islip School Dist.
1 Craig B. Gariepy Ave.
Islip Terrace, NY 11752
Phone (631) 224-2138
Fax (631) 581-8204

Health Plan / Emergency Care

ASTHMA

Student: _____ **Grade:** _____ **School Contact:** _____ **DOB:** _____

Asthma Triggers: _____ **Best Peak Flow:** _____

SYMPTOMS OF AN ASTHMA EPISODE MAY INCLUDE ANY/ALL OF THESE:

- **CHANGES IN BREATHING:** coughing, wheezing, breathing through mouth, shortness of breath, Peak Flow of < _____
- **VERBAL REPORTS OF:** chest tightness, chest pain, cannot catch breath, dry mouth, "neck feels funny", doesn't feel well, and speaks quietly.
- **APPEARS:** anxious, sweating, nauseous, fatigued, stands with shoulders hunched over and cannot straighten up easily.

Student Photo

SIGNS OF AN ASTHMA EMERGENCY:

- Breathing with chest and/or neck pulled in, sits hunched over, nose opens wide when inhaling. Difficulty in walking and talking.
- Blue-gray discoloration of lips and/or fingernails.
- Failure of medication to reduce worsening symptoms with no improvement 15 – 20 minutes after initial treatment.
- Peak Flow of _____ or below or NA.
- Respirations greater than 30/minute.
- Pulse greater than 120/minute.

STAFF MEMBERS INSTRUCTED: __ Classroom Teacher(s) __ Special Area Teacher(s) __ Administration __ Support Staff __ Transportation Staff

TREATMENT:
Stop activity immediately.
Help student assume a comfortable position. Sitting up is usually more comfortable.
Encourage purse-lipped breathing.
Encourage fluids to decrease thickness of lung secretions.
Give medication as ordered: _____.
Observe for relief of symptoms. If no relief noted in 15 – 20 minutes, follow steps below for an asthma emergency.
Notify school nurse who will call parents/guardian and healthcare provider.

STEPS TO FOLLOW FOR AN ASTHMA EMERGENCY:

- Call 911 (Emergency Medical Services) and inform them that you have an asthma emergency. They will ask the student's age, physical symptoms, and what medications he/she has taken and usually takes.
- A Staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present.

Healthcare Provider Signature: _____ Phone: _____
Written by: _____ Date: _____

I give permission to allow communication between physician and East Islip School District staff.

Parent/Guardian Signature: _____

This plan is in effect for the current school year and summer school as needed.