

Ohio Department of Health/Ohio Association of School Nurses
Asthma Emergency Action Plan
Order for Administration Asthma Inhalers in School for Asthma Emergencies

SYMPTOMS

For **Any** of the Following **SYMPTOMS**
(Stay with individual. Never leave them alone.)

One or more of the following:

- Marked breathlessness
- Use of accessory muscles
- Chest tightness/chest pain
- Nasal flaring
- Inability to speak short phrases
- Drowsiness
- Paleness or blueness around mouth or fingernails



ACTION STEPS

- 1. ADMINISTER ASTHMA INHALER IMMEDIATELY!**
(See medication/dosage below)
2. Call EMS (911) if administered by other than School Nurse or Athletic Trainer
3. Begin monitoring (see box below)

MONITORING

Monitoring after 911 is called –Airway, Breathing and Cardiac.
Stay with individual; alert healthcare professional and parent.

Note:

- ☐ Record time asthma inhaler used and inform rescue squad upon arrival.
- ☐ Restrict physical activity and allow individual to rest
- ☐ Provide First Aid/CPR as necessary; AED if available.

MEDICATION/DOSAGE

Medication/Dosage: Select appropriate asthma inhaler and dose based on practitioner's orders. Review manufacturer's instructions for specific use of asthma inhaler with or without a spacer.

Additional comments:

AUTHORIZED SIGNATURES

Licensed Healthcare Professional Authorized to Prescribe

Name/Title (Printed): _____ Practice Name: _____

Contact Phone Number: _____ Practice Address: _____

Signature: _____ Authorization Dates: Start _____ Stop _____

School Use only:

School Administrator Authorization

Name/Title (Printed): _____ School Building: _____

Note: Administrator responsible for maintaining list of trained, designated personnel for asthma inhaler

Signature: _____ Date: _____

This sample resource is located at the ODH School Nursing website, <http://www.odh.ohio.gov/odhprograms/chss/schnurs/schnurs1.aspx>, click on "Forms"