

Eden Central School District

3150 Schoolview Road Eden, New York 14057

Mr. Jeffrey A. Sortisio Superintendent (716) 992-3629 Mrs. Merrie Maxon
Director of Pupil Personnel Services
(716) 992-3645

(716) 992-3629		(1	16) 992-3645
	ASTHMA		
·	Grade		
School Contact:		_ Documentation: _	ON FILE _ATTACHED
Asthma Triggers:		_ Best Peak Flow: _	
Mother:	Home #:	_ Work #:	Cell #:
Father:	Home #:	_ Work #:	Cell #:
Emergency Contact:	Relationship: _	Ph	one:
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, speaks quietly. APPEARS: anxious, sweating, nauseous, fatigued, stands with shoulders hunched over and cannot straighten up easily. 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. Respirations greater than 30/minute.			
	Classroom Teacher(s)	cial Area Teacher(s oort Staff	
Encourage purse-lipped breathin Encourage fluids to decrease thi Give medication as ordered:Observe for relief of symptoms. I		follow steps below fo	
age, physical symptoms, and whe A staff member should accompate contact is not present and adec	rvices) and inform that you have an nat medications he/she has taken a ny the student to the emergency ro quate supervision for other students i	nd usually takes. som if the parent, gud s present. Preferred	ardian or emergency Hospital if transported:
Healthcare Provider:		Phone:	
Written by:	Date:		
□ Copy provided to Parent			
Parent/Guardian Signature to share this plan with Provider and School Staff:			