

Center/FCCH: _____

Diagnosis: Respiratory Distress

TEMPORARY INDIVIDUAL HEALTH CARE / EMERGENCY PLAN FOR RESPIRATORY DISTRESS

Until M.D. confirmation of diagnosis and need for medication at school, staff will follow asthma procedure as explained below:

CHILD: _____

DOB: _____

PARENT/GUARDIAN: _____

Phone: _____

PHYSICIAN: _____

Phone: _____

Monitor for early symptoms:

- Coughing or wheezing
- Chest tightness
- Shortness of breath

What to do: Seat child upright / do not let child lie down, call parent to come to school to administer medication or take child home.

Monitor for later symptoms:

- Lips/nails are blue
- Skin is pulled tightly around neck or chest
- Difficulty breathing with typically forward leaning posture
- Increased sweating / anxiety / vomiting

What to do: Staff will call 911, then parents. 911 charges are the parents' responsibility

Parent Signature / Date

Designated Health Staff / Date

Teacher Signature / Date

Teacher Aid Signature / Date