Willows Preparatory School

ASTHMA - Emergency Care Plan

2025-2026

Student's Name: _____ D.O.B.: _____

HEALTH CONCERN – Asthma: A condition where a person's airways become inflamed, narrow, and produce extra mucus which causes difficulty breathing.

ASTHMA SEVERITY: ☐ **Intermittent** ☐ **Persistent:** ☐ Mild ☐ Moderate ☐ Severe	**Any severe allergy?** ☐ No ☐ Yes To what? _____
ASTHMA TRIGGERS: ☐ None known ☐ Animals ☐ Cold air ☐ Exercise ☐ Pollen ☐ Illness ☐ Smoke, odors ☐ Other: _____	**COMMON ASTHMA SYMPTOMS:** ☐ Cough ☐ Shortness of Breath ☐ Wheeze ☐ Chest tightness ☐ Asking to use inhaler ☐ Other: _____

EMERGENCY PLAN: Administer medication as directed

- If inhaler is new or hasn't been used in 2 weeks, prime the inhaler (4 puffs). If using Xopenex prime the inhaler (4 puffs) if it hasn't been used in 3 days. Do NOT prime Respiclick.
- If student is very short of breath, has difficulty walking or talking, lips/mouth/nails are blue and quick relief medication is NOT working: **CALL 911**

MEDICATION ORDER

This section to be completed by a licensed healthcare provider *(MD, DO, ND, DMD, DC, PA, ARNP, CNM)*

MEDICATION ☐ Uses inhaler with spacer

☐ Albuterol (Proair®, Ventolin®, Proventil®) ☐ Proair RespiClick

☐ Levalbuterol (Xopenex) ☐ Other: _____

Medication side effects: restlessness, irritability, nervousness, increased or irregular heart rate

DOSAGE

_____ puffs every _____ hours as needed for symptoms.

If variable, please explain: _____

☐ Repeat _____ puffs of quick relief medication in _____ (minutes) if symptoms have not improved.

If no improvement after repeated dose, CALL 911 a and do not leave student unattended. Give _____ puffs of quick relief medication, not exceeding _____ puffs.

EXERCISE PRE-TREATMENT

☐ No exercise pre-treatment needed

☐ May give _____ puffs of quick relief inhaler _____ minutes prior to: ☐ PE ☐ Recess

TURN PAGE TO SIGN ->

This student may self-carry this medication at school: ☐ Yes ☐ No

This student is trained and capable of self-administering this emergency medication: ☐ Yes ☐ No

Health Care Provider's Name (*please print*): _____Phone: _____

Parent/Guardian Consent (please read carefully):

I accept this Care Plan and acknowledge that:

- All medications I provide must be unexpired and properly labeled in their original box.
- My signature gives permission for exchange of information between the School Nurse, pertinent school staff, and the Healthcare Provider regarding this medication order.

Please check only ONE box and then sign below:

☐ I request and authorize Willows Preparatory School to **assist my child** in taking the medication in accordance with the LHP's instructions below or attached, and WPS and its staff will not incur any liability for any injury when the medication is administered in accordance with the healthcare provider's direction and Washington law.

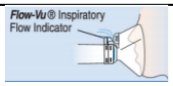
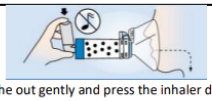
☐ I request that my child be allowed to **self-carry and self-administer** the medication in accordance with the LHP's instructions below or attached. My student and I understand the responsibility of self-carrying medication at school and recognize the school will not track compliance, expiration, or amount. I agree to hold harmless and indemnify the school and its officers, employees, and agents against all claims, judgments, or liabilities arising out of the self-administration and carrying of medication by my student. *I also understand that this requires permission from the school nurse and administrator, who have the final determination.*

***** It is strongly recommended that extra medication be provided and stored at the office. *****

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____ Phone number: _____

RESCUE INHALER DIRECTIONS

 **SPACER + MASK** Step 1: Remove the cap and shake the medicine	 Step 2: Insert the mouthpiece of the inhaler into the rubber-sealed end of the spacer.	 Step 3: Apply mask to face and ensure an effective seal.	 Step 4: Breathe out gently and press the inhaler down ONCE at the beginning of a slow inhalation. Breathe in an out slowly for 5 to 6 breaths. Slow down breathing if you hear a whistle sound.	 Step 5: After waiting one minute, repeat steps 3-4 if directed. Repeat as directed.