

**EMERGENCY HEALTH CARE PLAN
FOR ASTHMA ATTACKS**

Child's Name: _____

Child's Doctor. : _____ Dr. Phone Number.: _____

Parent's Phone: Mother. : _____

Father : _____

Emergency contacts:

- | | | |
|----------|---------------------|--------------|
| 1. _____ | Relationship: _____ | Phone: _____ |
| 2. _____ | Relationship: _____ | Phone: _____ |
| 3. _____ | Relationship: _____ | Phone: _____ |

List any preventive medicine the child takes: _____

Activities or conditions likely to trigger an asthma attack: _____

These symptoms indicate an asthma attack is occurring:

- Coughing**
- Wheezing**
- Tight Chest**

Actions to take:

1. If any of these symptoms appear, have the child rest and give these quick-relief medicines:

2. Notify parent or emergency contact of child's asthma attack and response.
3. If no medicine is available and rest does not improve symptoms, or the medicine is not helping, or these symptoms appear: **The child's breathing may be fast and hard**
Nose opens wide on breathing
The child can't walk
Ribs show on breathing
Child cannot talk well

Follow these steps:

- Call 911 for help
- Notify the parent or emergency contact, if the parent can't be located
- Stay with the child offering support and first aid as needed while waiting for ambulance personnel.

Parent's Signature

Date

Dr. Signature

Date