

# EMERGENCY PLAN FOR ASTHMA

Emergency action is necessary when this Scout has symptoms such as:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Steps to take during an asthma episode:

1. Give emergency medications:

A. Bronchodilator (Quick-relief medication)

Name \_\_\_\_\_

Purpose \_\_\_\_\_

Dosage \_\_\_\_\_

When to use \_\_\_\_\_

Can be repeated for severe breathing difficulty \_\_\_\_\_ times \_\_\_\_\_ minutes apart

Call 911 or EMS if minimal or no improvement

B. Other medications

Name \_\_\_\_\_

Purpose \_\_\_\_\_

Dosage \_\_\_\_\_

When to use \_\_\_\_\_

Additional instructions \_\_\_\_\_

These medications are prescribed for the time period \_\_\_\_\_ until \_\_\_\_\_

2. Seek emergency medical care if this Scout experiences any of the following:

- No improvement 15-20 minutes after initial treatment with medication and relative cannot be reached
- Scout exhibits:
  - Chest/neck pulled in with breathing
  - Hunched over while breathing
  - Stops activity and cannot start again
  - Struggling to breathe
  - Lips or fingernails turn gray or blue
  - Trouble talking

Comments and special instructions

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\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

I give permission to my Scout's leaders to administer emergency medications as necessary, in accordance with physician's instructions above.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date