

Brenham ISD Athletic Training

Respiratory Distress Action Plan

Student Name (Nombre): _____ Date of Birth _____

Parent/Guardian (Padre/Tutor): _____ Phone (Teléfono) _____

Parent/Guardian (Padre/Tutor): _____ Phone (Teléfono) _____

Emergency Phone Contact (Teléfono)

#1 _____
 Name (Nombre) Relationship (Parentesco) Phone (Teléfono)

#2 _____
 Name (Nombre) Relationship (Parentesco) Phone (Teléfono)

*****Physician use only*****

Physician Name (Nombre): _____ Phone(Teléfono) _____

Address (Dirección): _____

Diagnosis/Reason for Possible Respiratory Distress: _____

Symptoms Student May Exhibit (Please Circle all that apply)

- | | | |
|------------------------------------|---------------------------------------|-------------------------|
| Severe Cough | Chest Tightness | Wheezing |
| Blueness of Fingernails/Lips | Rapid/Labored Breathing | Rapid/Shallow Breathing |
| Decreased or Loss of Consciousness | Shortness of Breath | Difficulty Walking |
| Difficulty Talking | Retractions(Sucking in of Chest Wall) | Other _____ |

Physical Activity Restrictions: _____

Temperature/Environmental Specific

Orders: _____

Call to Activate EMS if: _____

Medications	Dose/Frequency	When to Administer

Oxygen Administration Orders Yes, if available No N/A

L/Min, Mode of Administration

When to Administer

**Brenham ISD Athletic Training
Respiratory Distress Action Plan**

Pulse Oximetry Orders Yes No N/A

Oximetry Parameters

Corresponding Interventions

SpO2 >95%

SpO2 90% - 95%

SpO2 85%- 90%

SpO2 80%- 85%

Physician Signature:

Date:

(This plan will remain effective for the school year unless changes are made)

Parent/Guardian Consent for Management at School

I, the parent or guardian of the above named student, request that this School Respiratory Distress Action Plan be used to guide respiratory care for my child and consent to the administration of medications, oxygen and the use of pulse oximetry if prescribed by the physician. I agree to:

1. Provide necessary supplies and equipment including oxygen, oxygen administration supplies, pulse oximeter/supplies and medications.
2. Notify the school nurse of any changes in the student's health status.
3. Notify the school nurse and complete a new consent for changes in orders from the student's health care provider.
4. Authorize the school nurse to communicate verbally and in writing with the student's health care provider, about this condition and corresponding orders/action plan.
5. School staff interacting directly with my child may be informed about his/her condition and corresponding special needs while at school.

Parent/Legal Guardian Signature: _____ Date _____