

# INDIVIDUALIZED EMERGENCY MEDICAL PLAN (IEMP)

**Student Information:**

Section 504 Plan

Name:	Birth date:
Teacher:	Grade:
Parent/Guardian:	Address:
Home Phone:	Work Phone:
Other Contact:	Phone:
Other Contact:	Phone:
DIAGNOSIS: <b>Asthma</b>	<b>Medication:</b>
<b>Triggers:</b>	

IF YOU SEE THIS	DO THIS
<ul style="list-style-type: none"> <li>Wheezing</li> <li>Coughing</li> <li>Shortness of breath/dyspnea</li> <li>Complaining of chest tightness</li> </ul>	<p>Accompany student to health room.</p> <p>Give medication as prescribed:</p> <p>Keep student sitting up and reassure student.</p> <p>Encourage student to drink warm fluids.</p>
<p>If student's symptoms do not improve in 10-15 minutes or if cough becomes productive, exhalation longer than inhalation, retractions seen in area below rib cage or in neck &amp; student becomes pale and sweaty.</p>	<ul style="list-style-type: none"> <li>Notify parent.</li> <li>Call school nurse</li> <li>If parents are unable to come within 10 min call 9-911</li> </ul>
<p>If student is in severe distress</p>	<p><b>Call 911.</b> Notify parent, principal and school nurse.</p>

Emergency Numbers:	Phone Number
Preferred Hospital:	
Local Emergency Room:	
Primary Physician:	
Specialists:	

\_\_\_\_\_  
R.N. Signature / Date

\_\_\_\_\_  
Parent Review, Signature / Date

\_\_\_\_\_  
Physician Signature/ Date

\_\_\_\_\_  
Comments

Copies:

- Parent
- Physician
- Teacher
- PE
- Library

- Music
- Recess
- Transportation
- Office
- Principal