

## INDIVIDUALIZED SEVERE ASTHMA EMERGENCY GAME PLAN

**Participant's Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Doctor Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Location of Ventolin Inhaler:** With the person. \_\_\_\_\_ does not carry or supply Ventolin but does have disposable Lite Aire Chambers in the event of an emergency.

### What to Look For...

- Must have history of asthma and their own Ventolin with them
- Shortness of breath
- difficulty breathing
- coughing
- wheezing
- inability to catch breath or breathe out
- use of chest or neck muscles to breath
- Patient says they are having an asthma attack

### When to Administer the Ventolin Inhaler:

When someone with asthma appears to be suffering from a severe asthma attack evidenced by one or more of the signs and symptoms listed on this form.

### Emergency Action Plan

1. Activate Emergency First Aid Game Plan. Call 9-1-1. Bring AED and Emergency Response Kit to the person.
2. Administer their Ventolin Inhaler
  - a. Remove cap and spray inhaler in air to prime the unit
  - b. Shake vigorously for a minimum of 60 seconds
  - c. Attach to Disposable Lite Aire Chamber and have patient make a seal with their mouth over mouthpiece
  - d. Have patient breath normally and slowly 10 – 12 times
  - e. Repeat process until number of puffs on prescription are administered (normally 2)
3. Monitor and document the situation.
4. Transfer care to paramedics upon their arrival.

APPROVED DATE: \_\_\_\_\_

PLAN EXPIRY DATE: \_\_\_\_\_

**Emergency Contact Information:**

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**Home Number:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**Home Number:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**Home Number:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Ventolin Expiry Date:** \_\_\_\_\_

I have given the above information that is to be followed in the event \_\_\_\_\_ has a severe asthma attack requiring the use of the rescue inhaler Ventolin. I give permission for the Ventolin inhaler to be administered, as needed, and am aware that this information will be posted throughout the organization in visible places. I understand that Asthma and Ventolin training will be provided to all staff during First Aid & CPR training and annually by myself, the organization or an approved trainer in First Aid & CPR and consent to this being provided on my behalf.

\_\_\_\_\_  
Patient or Designates Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

