



PILLAR SCHOOLS  
2024-2025 SCHOOL YEAR

**Respiratory Emergency Action Plan**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*DIAGNOSIS \_\_\_\_\_

\*\*\*LATEX ALLERGY:  Yes  No

**BASELINE INFORMATION**

**Pulse Oximetry:**  
Student's normal **BASELINE** oxygen saturation is \_\_\_\_% on:  
 Room Air  
 Supplemental Oxygen \_\_\_\_Liters/Minute

**Frequency of Pulse Ox Monitoring:**  
 Continuously  
 Before every breathing treatment  
 After every breathing treatment  
 Upon signs of respiratory distress  
 Other (*specify*): \_\_\_\_\_

**OXYGEN SUPPLEMENTATION**

Oxygen Vendor/ Phone #: \_\_\_\_\_

**Specific Instructions for use of Supplemental Oxygen:**  
**Liters per minute:** \_\_\_\_\_ **via:** \_\_\_\_\_  
 Nasal Cannula  Mask

**Times for use:**  
 Continuous  
 Oxygen Sats \_\_\_\_\_%  
 Respiratory Distress  
 Other: \_\_\_\_\_

**SUCTIONING**

**Suctioning Type:**  
 Oral suctioning PRN to clear secretions

**Suctioning Frequency:**  
 Every \_\_\_\_ minutes  
 Every \_\_\_\_ hours  
 As needed based upon following signs/symptoms:  
 Continuous Coughing  
 Cyanosis (pale, blue color around lips, nail beds, eyes)  
 Gurgling, grunting or noisy breathing.  
 Rapid breathing/ change in breathing pattern  
 Other (*specify*): \_\_\_\_\_

**Suctioning Instructions:**  
 Depth to insert catheter: \_\_\_\_\_  
 Other: \_\_\_\_\_

**MANUAL VENTILATION**

Specific indications for use of Ambu bag: \_\_\_\_\_

Ambu bag size:  Pediatric  Adult

**Specific Instructions/ Additional Comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**ADDITIONAL TREATMENT/ MEDICATION ORDERS**

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

❖ *For the student's safety the Pillar school nurse may call 911 for any medical emergency that may occur, using skilled nursing judgment.*

# PILLAR SCHOOLS

## Respiratory Emergency Action Plan

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### SYMPTOMS OF RESPIRATORY DISTRESS

- Difficulty breathing or shortness of breath.
- Unusual sounds with breathing such as gurgling or grunting.
- Rapid breathing or change in breathing pattern.
- Nostrils flaring
- Continuous coughing
- Choking
- Clammy, sweaty skin
- Lips nails or mucous membranes are pale, gray or bluish (cyanosis)
- Anxious look
- Chest tightness or chest and neck "pulling in" with breathing.
- Increase in heart rate above \_\_\_\_\_
- Decrease in oxygen saturation below \_\_\_\_\_
- Decreasing or loss of consciousness
- *Other:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY PLAN OF ACTIONS

- Ensure student is positioned in a manner that maintains open airway.
- Suction student and provide manual ventilation with ambu bag as needed according to above noted instructions.
- If Oxygen Saturation is below \_\_\_\_\_% increase supplemental oxygen to \_\_\_\_\_ Liters/Minute.
- If Episode of respiratory distress subsides, may begin weaning student off supplemental oxygen after \_\_\_\_\_ minutes.
- If student is unable to recover to baseline oxygen saturation within \_\_\_\_\_ minutes or if the student's color remains pale, cyanotic (bluish) or ashen despite above noted interventions, EMS 911 emergency services will be called.
- If student becomes unconscious or stops breathing prior to EMS arrival, licensed nurse or trained personnel should immediately begin CPR.
- If EMS is called, the student must be transported via ambulance to an emergency facility, unless parent/guardian arrives at school prior to departure and signs a release with EMS. The parent then assumes responsibility for the student and the student may not return to school that day.
- Other: \_\_\_\_\_  
\_\_\_\_\_

\*\*\* NOTE: For the student's safety, the Pillar school nurse may call 911 for any medical emergency that may occur, using skilled nursing judgment.

Parents/ caregivers are requested to notify the school Nurse of any change in health status that may affect the procedures listed in the health care plan.

\_\_\_\_\_  
Parents Name (Please Print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name (Please Print)  
*Physician's Stamp:*

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

\_\_\_\_\_  
Date