PILLAR
CARE CONTINUUM

Pillar High School
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Respiratory Emergency Action Plan
2026-2027 School Year

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 their skilled nursing judgement.***

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 ACTION

- Ensure the student is positioned in a manner that maintains an open airway.
- Suction the student and provide manual ventilation with an Ambu bag as needed, according to above noted instructions.
- If oxygen saturation is below _____%, increase supplemental oxygen to _____Liters/Minute.
- If the episode of respiratory distress subsides, you may begin weaning the student off the supplemental oxygen after _____minutes.
- If the 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 the student becomes unconscious or stops breathing prior to EMS arrival, a licensed nurse or trained personnel should immediately begin CPR.**
- If EMS **911** is called, the student must be transported via ambulance to an emergency facility, unless parent/guardian arrives at the 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 their skilled nursing judgement.*****

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

_____	_____	_____
Parent's Name (Please Print)	**Parent's Signature**	**Date**
_____	_____	_____
Physician's Name (Please Print)	**Physician's Signature**	**Date**

Physician's Stamp: