

SUMTER COUNTY SCHOOLS HEALTH SERVICES Grade _____ Teacher _____ Date Initiated _____

EMERGENCY ACTION PLAN – CYSTIC FIBROSIS Grade _____ Teacher _____ Date Reviewed _____

(To be completed by Registered Nurse) SCHOOL _____ Grade _____ Teacher _____ Date Reviewed _____

Length of time condition has existed _____ Date Discontinued _____

Name: _____	DOB: _____
Parent #1: _____	Phone #1: _____ Phone #2: _____
Parent #2: _____	Phone #1: _____ Phone #2: _____
Emergency Contact #1: _____	Phone: _____
Emergency Contact #2: _____	Phone: _____
Physician Name: _____	Phone: _____
Specialist Name: _____	Phone: _____

Allergies to:

- Food _____
 Medication _____
 Insect's _____
 Other _____

Cystic Fibrosis Description: (CF) is a genetic disorder of the secretory glands, including the glands that make mucus and sweat. The main problem in Cystic Fibrosis is that the body produces abnormally thick, sticky mucus that can clog the lungs, pancreas and other organs. This can lead to severe respiratory and digestive problems. In addition, there is excessive salt loss through the sweat glands.

Medications at school	Medication Storage Location
Pancreatic enzymes	Clinic/Health room
Inhaler	Classroom
Antibiotic	Self-Carry/Backpack
Other	Other:

SIGNS/SYMPTOMS OF CYSTIC FIBROSIS EMERGENCY

- o Persistent cough that produces thick mucus
- o Wheezing
- o Difficulty breathing, shortness of breath, breathlessness
- o Severe abdominal pain
- o Blue color to lips and nails

MANAGEMENT OF CYSTIC FIBROSIS EMERGENCY

- o CALL 911
- o Call the school nurse at ext. _____
- o Notify administration at ext. _____
- o Call parent/Guardian

NOTES: _____

RN Signature: _____ Date: _____

Sent Copies To: Teacher: ___ Homeroom ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___ 7th ___ 8th ___ Clinic ___ PE ___ Art ___ Music ___ Cafeteria ___ Bus Driver ___ School Nurse/Coordinator/Supervisor ___ Library ___ Coach/PE ___ Computer Lab ___ Other