

Student Photo

Name	DOB	Grade	School
Bus #	Walk	Drive	
Hx: Anaphylaxis	Yes	No	
PE/Sports	Date	Time	Period
Is Asthma Considered	Exercise Induced	Mild	Moderate/Severe

My student has not had any asthma symptoms for months/ years (circle). My student no longer uses/or carries an inhaler. My student's physician has cleared them for full participation in all activities. Should my student's condition change I will contact the School Nurse. No care plan is needed at this time.

Parent Signature: _____ Date: _____

STOP HERE & RETURN CARE PLAN TO SCHOOL

- If there is no inhaler at school call the parent/guardian for medication to be brought to school or to pick up the student.
- If parent/guardian can not come, call 911.
- School staff are not to transport students with symptoms to the emergency room.

Inhaler(s) location: (Circle) OFFICE/ BACKPACK OR LOCKER / ON PERSON/ OTHER:

Epi auto-injector(s) location: (Circle) OFFICE /BACKPACK OR LOCKER/ ON PERSON/ OTHER:

ASTHMA TREATMENT INSTRUCTIONS: PLEASE CIRCLE ALL THAT APPLY:

Triggers: None known Animals Cold air Exercise Pollens Respiratory colds Smoke, chemicals, strong odors

Other _____ (i.e., foods, emotions, insects, etc.)

USUAL ASTHMA SYMPTOMS: Cough Wheeze Shortness of breath Chest tightness Asking to use inhaler

Other _____

SELF ADMINISTRATION: This student demonstrated correct use of the inhaler in the physician's office.

This student is able to carry and use inhalers. (Please Circle) YES / NO

If yes will parent provide an extra rescue inhaler for office? YES/NO

____ Student understands the proper use and in my opinion may self administer with approval of the school nurse.

____ Student will notify school health team member when inhaler is used

____ Student needs supervision/assistance to administer medication. Medication will be kept:

GO ZONE (GREEN) Student participation in activity and no need from pre-treatment/no symptoms

Circle: Pretreatment before strenuous activity: Not required 2 puffs of rescue inhaler required 15 minutes before activity.

CAUTION ZONE (YELLOW)

SIGNIFICANT SYMPTOMS

If student is using quick relief inhaler > 2 times a week or requires frequent observation by school
 If student is coughing, wheezing and having difficulty breathing:

 If NO improvement after repeated dose, notify parents + nurse if repeated.

- Notify parents + nurse staff
- Give 2 puffs of quick relief inhaler.
- May repeat in 10 minutes.

Until symptoms are in the GO ZONE, (green)
 Limit exercise

NO EXERCISE PERMITTED **SEVERE ASTHMA ATTACK - CALL 911**

If student is very short of breath, can see ribs during breathing, difficulty walking to talking, blue appearance to lips or nails, quick relief medication not working. Call 911 Give 4 puffs quick relief inhaler (or nebulizer treatment) and notify parents and school nurse.

This student needs Epi auto-injector for severe asthma attacks and can carry and self-administer Epi auto-injector: Yes / No

EXERCISE PRE-TREATMENT ORDERS (circle all that apply)

- N/A
- Give 2 puffs of quick relief inhaler 15-30 minutes prior to: PE Recess As needed With no less than 2 hours between doses unless student complains of symptoms. May repeat 2 puffs of quick relief inhaler in symptom occur. Notify parents + nurse if repeated.

QUICK RELIEF MEDICATION ORDERS: (check the appropriate quick relief med(s))

- Uses inhaler with spacer Albuterol 2 puffs (Proair®, Ventolin HFA®, Proventil®) as needed every 4 hours for cough/wheeze
- Levalbuterol 2 puffs (Xopenex®) as needed every 4 hours for cough/wheeze
- Epi auto-injector 0.3 mg Jr. 0.15 mg
- Other _____

Physician Signature: _____ Start date: _____ End date: _____

Print Name: _____ Phone: _____ FAX: _____

I give permission school personnel to share this information, follow this plan, administer medication to my child and if necessary, contact my physician. I assume full responsibility for providing the prescribed medications to the school.

Parent Signature: _____ Date: _____

Print Name: _____

CC: Teachers: Physical Education Teacher/Coach: Principal: Main Office Staff: Bus Driver: