

School Asthma Management Plan

[Redacted]

(Patients Name)

[Redacted]

(Date of Birth)

RESCUE: To Relieve Breathing Difficulties Give Rescue Medicine:

Administer [Redacted] **of** [Redacted]. Observe student for twenty minutes after rescue medicine administration or until breathing difficulties are relieved. If student is experiencing breathing difficulties after 20 minutes repeat rescue treatment. If breathing difficulties are not relieved after another twenty minute wait it is okay to repeat treatment one more time for a total of three treatments.

(Quantity)

(Medicine)

- *Puffs should be administered individually using spacer or holding chamber (when available) with a 10 second breath hold and at least 30 second wait between puffs.*
- *If student's breathing difficulties are not relieved after the above maximal treatment, parent/guardian should be called to come pick-up child from school and notified of need for call to physician for urgent medical attention.*
- *If more than one rescue treatments is ever required to relieve an episode of breathing difficulties or student requires rescue treatment more than two times in one week, the parent/guardian should be notified of need to schedule physician office visit for poorly controlled asthma.*

If student is experiencing extreme shortness of breath or lips and fingernail beds are blue emergency medical services should be called and rescue treatments given until EMS arrives.

SICK PLAN: During Asthma Flare-ups scheduled rescue treatments are needed:

For one week following an ER or physician office visit for an asthma flare-up or notification of sickness by parent administer [Redacted] **of** [Redacted] every four hours and before PE or other strenuous activities. If student requires rescue treatment before four-hour treatment interval parent/guardian should be called to pick-up student and notified of need for physician visit.

(Quantity)

(Medicine)

- *It is the responsibility of the student's parent/guardian to notify school nurse of student's asthma flare-up or chest cold and the need for scheduled treatments*
- *After 24hrs on of above sick plan treatment asthma symptoms do not improve or get worse parents should be called to pick up child and notified of need for physician visit.*
- *If after one week on sick plan all asthma symptoms do not disappear parent should be notified of need to schedule a physician office visit for poorly controlled asthma.*
- *All ER visits for asthma flare-up should be followed by a Physician Office visit within 3 days. Unless contrary to ER physicians judgment, it is okay for child to attend school until follow-up visit*

Other Sick Plan Instructions: _____

BEFORE EXERCISE: Pretreatment with [redacted] of [redacted] is needed before PE or strenuous physical activity:
(Quantity) (Medicine)

Every day

Or (check one)

During asthma flare-ups only

DAILY ASTHMA CONTROL: [redacted] [redacted] [redacted]
(Primary Asthma Control Medication) (How Many) (How many times a day)

Other asthma and allergy medications and asthma control measures: _____

Known Allergies and Asthma Triggers include: _____

- All asthmatics should avoid exposures to airway irritants especially smoke, dust, strong odors, and high levels of ozone. Airway irritants are asthma triggers for all asthmatics.

Needs to carry rescue inhaler with him/her at school. If this option is selected student needs additional inhaler to be kept in Health Room to assure asthma rescue medicine is always available for student at school.
Or (check one)

Does not need to carry rescue inhaler with him/her at school. Student should go to health room for administration of this medication by school nurse or designated school district employee.

- All rescue medicines can cause nervousness, increased heart rates, nausea and other minor side effects.

I have seen this child, authorize inhaler use at school according to plan, and agree with plans for management of student's asthma at home and school.

[redacted] [redacted] [redacted]
(Physician Signature) (License #) (Date)

Physician: [redacted] Phone: [redacted] Fax: [redacted]
Address: [redacted]

I have reviewed, understand, and agree to follow asthma management plan. Student has my permission to use inhaler at school as described in plan. I understand the importance and approve of communication between school, hospital, and physician's of changes in my child/guardian's asthma condition and management plans. I, as the person responsible for my child/guardian's medical care, will be included or informed of communication concerning my child/guardian's asthma between health team members.

[redacted] [redacted] [redacted] [redacted]
(Parent//Guardian Signature) (Initials) (Date) (Witness/Asthma Educator Signature)

