

Nurse phone #: \_\_\_\_\_

**SCHOOL ASTHMA PLAN AND MEDICATION ORDERS/504**

Place student picture here

<b>Student's Name:</b> _____	<b>Date of Birth:</b> _____	<b>Grade/School:</b> _____
<input type="checkbox"/> <b>History of anaphylaxis/severe reaction</b>	<b>Bus #:</b> _____ <b>Walk</b> <input type="checkbox"/> <b>Drive</b> <input type="checkbox"/>	<b>PE/Sports:</b> Day/Time/Period: _____

**BRIEF MEDICAL HISTORY:** \_\_\_\_\_

Inhaler(s) is/are located:  OFFICE  BACKPACK  ON PERSON  OTHER: \_\_\_\_\_

Epi-Pen(s) is/are located:  OFFICE  BACKPACK  ON PERSON  OTHER: \_\_\_\_\_

**ALL SECTIONS ON THIS PAGE TO BE COMPLETED BY STUDENT'S LICENSED HEALTHCARE PROVIDER (LHP):**

**ASTHMA TREATMENT INSTRUCTIONS:**

**ASTHMA / 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 \_\_\_\_\_

**GO ZONE (GREEN) INFREQUENT/MINIMAL SYMPTOMS**

- Symptoms and/or use of quick relief medication ≤ 2 times a week. (Does not include exercise pre-treatment usage.)  
Infrequent and minimal symptoms like cough, wheeze, short of breath.
- Full participation in physical education and sports

**CAUTION ZONE (YELLOW) SIGNIFICANT SYMPTOMS DO NOT LEAVE STUDENT UNATTENDED**

- If Student is using the quick relief inhaler > 2 times a week or requires frequent observation by school staff → **Notify parents/nurse**
- **If Student is coughing, wheezing, and having difficulty breathing:**  
 Give 2 puffs of quick relief inhaler. May repeat in 10 minutes. If doesn't recover to Green Zone → Notify parents/nurse if repeated.  
 Other: \_\_\_\_\_
- Until symptoms are in the GO (green) ZONE, restrict strenuous physical activity.
- If no improvement after repeated dose **Call 911—See below**

**STOP ZONE (RED) CALL 911 DO NOT LEAVE STUDENT UNATTENDED**

**If Student is very short of breath, can see ribs during breathing, difficulty walking or 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-Pen® for severe asthma attacks and  can carry & self administer Epi-Pen®  needs help giving the Epi-Pen®.
- Other: \_\_\_\_\_

**EXERCISE PRE-TREATMENT:** (check all that apply)  N/A

- Give 2 puffs of quick relief inhaler 15- 30 minutes prior to recess  / physical education
- May repeat 2 puffs of quick relief inhaler if symptoms recur. **Notify Nurse & Parent if occurs.**

**Quick relief medication orders:** (check the appropriate quick relief med)  Uses inhaler with spacer

- Albuterol 2 puffs (Pro-air®, Ventolin HFA®, Proventil®) as needed every 4 hours for cough/wheeze
- Levalbuterol 2 puffs (Xopenex®) as needed every 4 hours for cough/wheeze
- Other (i.e.,  EpiPen®  EpiPen, Jr.® / Nebulizer): \_\_\_\_\_

**Daily Controller meds:** \_\_\_\_\_

Takes daily controller medications at home  Takes daily controller medications at school Which meds and time? \_\_\_\_\_

**SIDE EFFECTS** of medication(s): \_\_\_\_\_

This student demonstrated correct use of the inhaler to the LHP. This student is able to carry & use inhalers by himself/herself.  YES  NO

<b>Start date:</b> _____	<b>End date:</b> (not to exceed current school year) <input type="checkbox"/> Last day of school <input type="checkbox"/> Other: _____
<b>LHP Signature:</b> _____	<b>Print Name:</b> _____
<b>Date:</b> _____	<b>Telephone #:</b> _____ <b>Fax#:</b> _____

TO BE COMPLETED BY PARENT OR GUARDIAN:

**EMERGENCY CONTACTS**

**Mother/Guardian**

**Father/Guardian**

Name	Name
Home Phone	Home Phone
Work Phone	Work Phone
Other	Other

**ADDITIONAL EMERGENCY CONTACTS**

1.	Relationship:	Phone:
2.	Relationship:	Phone:

My student may carry and use his/her asthma inhaler:  YES  NO      Provide extra for office?  YES  NO

My student may carry and is trained to self-administer his/her own Epi-Pen®:  YES  NO      Provide extra for office?  YES  NO

**Parent:**

- I understand that the school board or the school district's employees cannot be held responsible for negative outcomes resulting from self-administration of the inhaled asthma medication.
- This permission to possess and self-administer asthma medication may be revoked by the principal/school nurse if it is determined that the student is not safely and effectively self-administering the medication.
- A new LHP Order/Emergency Care Plan (ECP) for Asthma and Parent/Student Agreement for an Inhaler/EpiPen must be submitted each school year.
- I understand that if any changes are needed on the ECP, it is the parent's responsibility to contact the school nurse.

*I have reviewed the information on this School Asthma Plan and Medication Orders and request/authorize trained school employees to provide this care and administer the medications in accordance with the Licensed Healthcare Provider's (LHP's) instructions. I authorize the exchange of medical information about my child's asthma between the LHP office and school nurse.*

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Student:**

- I have demonstrated the correct use of the inhaler to the medical provider and/or school nurse.
- I agree never to share my inhaler with another person or use it in an unsafe manner.
- I agree that if there is no improvement after self-administering, I will report to an adult at school if the nurse is not available or present.

Student's Signature Required \_\_\_\_\_

Date \_\_\_\_\_

All school aged students who use asthma medication(s) at school must have a current School Asthma Plan completed and signed by their health care professional and kept on file in the school office (RCW 28A.210.370). The form must also be signed by a parent/guardian. The plan must be updated each year and when there are major changes to the plan (such as in medication type or dose). The provider's office is encouraged to fax the plan to the student's school nurse.

The school plan is intended to strengthen the partnership of families, healthcare providers and the school. It is based on the NHLBI Guidelines for Asthma Management.

**CARRYING AND ADMINISTERING AND QUICK RELIEF INHALERS:**

- Most students are capable of carrying and using their quick relief inhaler by themselves. The student, student's parents, school nurse and healthcare provider should make this decision. The school nurse should also evaluate technique for effective use.

**For District Nurse's Use Only:**

Student has demonstrated to the nurse, the skill necessary to use the medication and any device necessary to self administer the medication.

Expiration date of medication: \_\_\_\_\_ Device(s) if any, used: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse signature: \_\_\_\_\_