

ASTHMA

Student: _____ School Year: 20____-20____ School: _____ Grade: _____

DOB: _____ Pediatrician: _____ Asthma Physician (if different): _____

Triggers (X) : <input type="checkbox"/> Exercise <input type="checkbox"/> Trees/Grass/Shrubbery <input type="checkbox"/> Pollen <input type="checkbox"/> Molds <input type="checkbox"/> Animals <input type="checkbox"/> Strong Odors <input type="checkbox"/> Respiratory Infection <input type="checkbox"/> Temperature Changes <input type="checkbox"/> Fumes Foods (Specify): _____ Other (Specify): _____	Signs & Symptoms: Student will likely exhibit (Check all that apply): <input type="checkbox"/> Coughing <input type="checkbox"/> Wheezing <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Chest Tightness/Pain Other (Specify): _____	Medication: Inhaler Name: _____ Dosage & Directions (i.e. # of puffs): _____ <input type="checkbox"/> As Needed Only <input type="checkbox"/> Daily (List when to give): _____ <input type="checkbox"/> Kept in Health Room <input type="checkbox"/> Self-Carry: (OCMS & OCHS students only with signed contract) ***** Nebulizer RX Name: _____ Dosage & Directions: _____ _____ Reaction or Side effects: _____ _____ Comments: _____
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MONITOR PEAK FLOW AT SCHOOL?
 NO or YES (When: _____)

PEAK FLOW ZONES: (if applicable)	ACTION
GREEN:	Experiencing no problems, may have normal activity
YELLOW:	Having some asthma symptoms, use caution with activity, notify parent/guardian & teacher, & follow procedure steps
RED:	Having significant asthma symptoms, no activity for student, immediately notify parent/guardian & teacher, & follow procedure steps

Emergency Contact	Phone#
Name:	H:
Relationship:	C:
Name:	W:
Relationship:	H:
Name:	C:
Relationship:	W:

Procedure Steps:

- Encourage student to assume position of comfort
- Encourage slow, even breaths
- Reassure/calm student
- Check time of last inhaler use & administer if appropriate
- If symptoms are not relieved or worsen within 5 to 10 min after inhaler administered,
 - Call 911
 - Notify parent/guardian
 - Monitor respiratory status & administer CPR if needed

It is the responsibility of the parent/guardian to provide any needed medications or supplies to the school.

Program Plan of Care reviewed and approved by:

Parent/Guardian Reviewed/Updated Plan of Care		
School Yr	Grade	Signature
2016-17		
2017-18		
2018-19		
2019-20		
2020-21		
2021-22		
2022-23		
2023-24		
2024-25		
2025-26		
2026-27		
2027-28		

 Parent/Guardian Signature Date

 School RN Signature Date

 Principal Signature Date

 Physician Signature Date

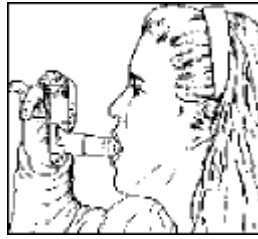
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How to Use a Meter-Dose Inhaler Correctly

Administer inhaler in 1 of these 3 ways:



A. Open mouth. Hold Inhaler 1 to 2 inches away



B. Use spacer attached to inhaler



C. Hold inhaler in your Mouth



1. Remove the cap and hold the inhaler upright.
2. Shake the inhaler.
3. Tilt head back slightly and breathe out.
4. Hold the inhaler as in one of the pictures to the right. A or B are the most effective, but C is okay for people who are unable to use A or B.
5. Spacers are useful for all patients, especially young children and older adults (see picture B).
6. While breathing in slowly, press down on the inhaler one time to release the medicine.
7. Continue to breathe in slowly for 3 to 5 additional seconds.
8. Hold breath for 10 seconds before exhaling to allow medicine to go deeply into lungs.
9. Repeat puffs as directed. Wait 1 minute between puffs to allow the second puff to get into the lungs better.

NOTE: These instructions are for a metered-dose inhaler only. Inhaled dry powder capsules are used differently. To use a dry powder inhaler, close mouth tightly around the mouthpiece of the inhaler and breathe in quickly.