

Student's Name: _____ DOB: _____ School Year: 20__ - ____
 Grade: _____ Current Age: _____
 Pediatrician: _____ Asthma Physician (if different): _____

Parent/Guardian Emergency Contact #1	Phone#	Parent/Guardian Emergency Contact #2	Phone#
Name:	H:	Name:	H:
Relationship:	C:	Relationship:	C:
	W:		W:

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 <input type="checkbox"/> 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/ Chest Pain <input type="checkbox"/> Gasping for air <input type="checkbox"/> Color changes (pale or blue). <input type="checkbox"/> Other (Specify): _____	Medication: Inhaler RX 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 consent) ***** Nebulizer RX Name: _____ Dosage & Directions: _____ 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

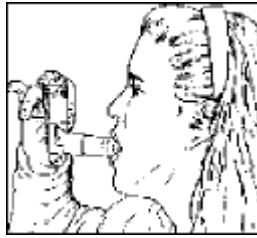
Procedure Steps: If symptoms of an attack are present or student states he/she feels an attack coming on:

- Encourage student to assume position of comfort
- Encourage slow, even breaths
- Reassure/calm student, attempt to keep him/her calm and breathing slowly and deeply.
- Check time of last inhaler or nebulizer use & administer if appropriate
- Student should respond to treatment within 15 - 20 minutes.
- 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

Administer inhaler (in 1 of these 3 ways):



A. Open mouth. Hold Mouth



B. Use spacer attached to inhaler



C. Hold inhaler in your inhaler 1 to 2 inches away

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 above
5. Spacers are useful for young children (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.

How to administer nebulizer treatment

1. If before 3½ hours from the start of school, check with parent or student (if applicable) to see if student received treatment at home and at what time to avoid over medicating.
2. Measure prescribed dose of medication in dropper and place in plastic medication chamber. Add diluent if prescribed, sterile water, salt water, etc.
3. Attach chamber to nebulizer and turn machine on. Make sure it is plugged in.
4. Have student breathe through facemask slowly and deeply until all liquid is gone from medication chamber.
5. Have student remain sitting and resting until symptoms subside.
6. Wash chamber and facemask after each use.
7. Student can receive nebulizer treatments every 4-6 hours. Check home/school notebook to see if he received treatment at home and at what time to avoid over medicating.
8. Document all treatments given on school medication log and home school notebook.

Use of a Peak Flow Meter A peak flow meter is a useful tool for objectively measuring the severity of asthma. The value obtained is called a peak expiratory flow rate (PEFR). The PEFR indicates the degree of airway obstruction or narrowing. Specifically, the PEFR is the amount of air that can be forcefully exhaled in 1 second. Each individual has a normal rate based on height and age. However, many Healthcare Providers prefer to use the person's "personal best" value. This number represents the highest rate obtained over a specified period of time. This procedure can help in determining when medicine or a treatment change is necessary. In order to ensure accuracy of the results, however, the test must be performed using the correct technique. The following steps outline the procedure for this maneuver.

1. Place indicator at the base of the numbered scale.
2. Stand up.
3. Take a deep breath.
4. Place the meter in the mouth and close lips around the mouthpiece.
5. Blow out as hard and fast as possible.
6. Write down the achieved value.
7. Repeat the process two more times.
8. Record the highest of the three numbers achieved.
9. Refer to Healthcare Provider's parameters and proceed with plan.

10. Clean as specified in plan of care.

Student may require the activity limitation /modifications as prescribed by his/her Healthcare Provider. Unless otherwise stated by Healthcare Provider, he/she should have access to a physical exercise program. Parents and staff should understand the benefits of exercising in moderation. Avoid over protection. Most children can assess their own ability to engage in activity. Encourage participation but do not force.

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

Student's Asthma Plan of Care reviewed and approved by:

_____	_____	_____	_____
Parent/Guardian Signature	Date	School Nurse Signature	Date
_____	_____	_____	_____
Principal Signature	Date	Healthcare Provider's Signature	Date

Healthcare Provider's Signature Note: If a separate Emergency Care Plan, also known as an "Action Plan," is obtained and signed by the healthcare provider, then the Healthcare Provider's signature on the Action Plan will supersede his/her signature on the OCS Student Plan of Care for Asthma.

Authorization to Release and Disclose Patient Information for School Year 20__ - ____

I understand that the OCS School Nurse/Health Coordinator may have questions and require clarification from the student's Health Care provider to assist in the treatment and care concerning this student. As the parent/guardian of (student's name) _____, I hereby give my permission for exchange of confidential protected health information regarding this student between the OCS School Nurse/Health Coordinator and this student's Healthcare Provider and my signature is an informed consent to share necessary medical information with specified OCS school staff as a "need to know" for academic success and emergency plan as determined by the OCS School Nurse/Health Coordinator.

_____	_____	_____
Parent/Guardian Name (PRINT)	Parent/Guardian Signature	Date