

# SCHOOL ASTHMA PLAN

(Revised 7-16)

*Complete the highlighted fields.  
Then print, sign, date and  
return to your child's school.*

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
School \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Phone(s) \_\_\_\_\_  
Physician \_\_\_\_\_ Phone \_\_\_\_\_

1. What triggers your child's asthma symptoms?  
\_\_\_ weather \_\_\_ cold/virus \_\_\_ allergies \_\_\_ exercise \_\_\_ other \_\_\_\_\_
2. How often do your child's asthma symptoms cause him/her to see a doctor or go to the hospital?  
\_\_\_\_\_
3. What medications does your child take? (how much and how often)  
At home: \_\_\_\_\_  
At school: \_\_\_\_\_
4. Side effects to above medications. \_\_\_\_\_
5. What does your child do at home to relieve asthma symptoms? Please check all that apply.  
\_\_\_ Breathing exercises \_\_\_ Rest/relaxation \_\_\_ Drinks/ liquids  
\_\_\_ Takes medications: \_\_\_ oral medicine \_\_\_ inhaler \_\_\_ nebulizer
6. How do you want the school to treat an asthma attack (episode, exacerbation) if it happens at school?  
1. \_\_\_\_\_  
2. \_\_\_\_\_
7. Is there an Asthma Action Plan from child's doctor at school? \_\_\_ yes \_\_\_ no

***I hereby authorize my physician/medical provider to release to the school nurse specific, confidential medical information contained in his/her record about my child. This information will be used by school staff to deliver health care services to my child in school.***

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

School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

If medications are to be taken at school, a medication form must be completed by parent and physician. The medication form can be obtained at your school and must be completed each year.

## **FOR SCHOOLS WITH SCHOOL BASED HEALTH CLINICS ONSITE ONLY:**

I give permission for Henderson County Public Schools to release a copy of this health care plan to Blue Ridge Community Health Center's School Based Health Clinic. \_\_\_ yes \_\_\_ no

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

**SEE BACK OF FORM FOR EMERGENCY ACTION PLAN**

## EMERGENCY ACTION PLAN FOR ASTHMA ATTACK

### If you see this:

Difficulty breathing:

- Short Inhalations
- Longer Exhalations
- Rapid Breathing
- Shallow Breathing

Wheezing

Excessive coughing

Signs of severe breathing difficulty:

- chest tightness
- flaring of nostrils
- struggling to get breath
- using neck or rib muscles to breath
- tingling or numbness in fingers or toes
- blue lips or fingernails

### Do this:

- Stay with and attempt to calm student
- Administer student's inhaler (if available)
- Have student take slow deep breaths inhaling through the mouth and exhaling slowly through pursed lips
- Notify nurse if in building
- Notify parent if medication is not effective after 15 minutes
- CALL 911 IMMEDIATELY for transport to hospital.

### If 911 is called....

1. Give the following information, who you are, where you are, and what the problem is.
2. Stay with student
3. Notify principal
4. Have someone call parent, if it hasn't been done

### Instructions for using or assisting with Metered Dose Inhaler (MDI)

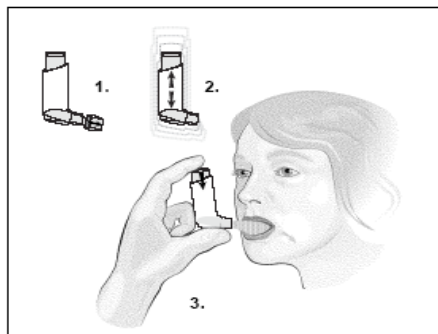


Fig. 2. Metered dose inhaler (MDI). (1) Uncap and (2) shake well. Hold the MDI about 2 inches away from the mouth (3).

1. Remove cap and hold inhaler upright.
2. Shake the inhaler.
3. Tilt head back slightly and breathe out.
4. Open mouth with inhaler 1-2 inches away (or close lips around mouthpiece of inhaler)
5. Press down on inhaler to release puff of the medication as you breathe in slowly.
6. Breathe in slowly for 3-5 seconds.
7. Try to hold your breath for 10 seconds to allow medication to reach deeply into your lungs.
8. Repeat puffs as directed, waiting 1 minute between puffs.

### MDI with spacer

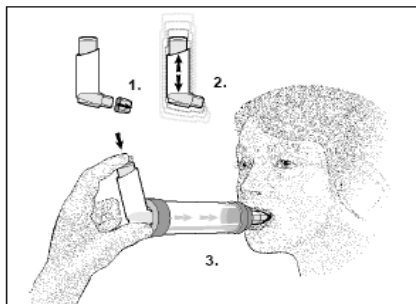


Fig. 1. MDI with spacer. (1) Uncap and (2) shake well. Place the mouthpiece between the teeth (3) and seal the lips tightly around it.

1. Attach inhaler to spacer
2. Squeeze the inhaler into the spacer
3. Put your lips around the spacer
4. Take a slow deep breathe, hold for 10 seconds, breathe back into the spacer and breathe in slowly again.
5. Repeat with puffs as directed, waiting 1 minute between puffs.

School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_