

ASTHMA CARE PLAN

Student Name _____ Hm Ph _____

Physician Name _____ Fax _____ Ph _____

How long has your child had asthma? _____

How severe is your child's asthma? (mild) 1 2 3 4 5 (severe)

What are your child's usual symptoms? _____

What triggers your child's asthma? Circle all that apply.

- 1. Respiratory infection
- 2. Exposure to cold air
- 3. Emotional stress
- 4. Exposure to smoke
- 5. Exercise
- 6. Odors
- 7. Allergic reactions to _____
- 8. Other _____

Does the student have asthma attacks? √ Yes √ No How often? _____

What symptoms and signs does your child exhibit during an attack? Circle all that apply.

- 1. Coughing
- 2. Wheezing
- 3. Feels frightened
- 4. Short of breath; shallow breathing
- 5. Bluish color of skin/nails
- 6. Unable to speak sentence without taking a breath
- 7. Other _____

Has the student been treated in the hospital for asthma in the past year? √ Yes √ No

Most recent date _____

Is a peak flow meter used? √ Yes √ No If yes, how often? _____ Normal reading _____

What do you do for peak flow readings in the yellow zone (50-80% of normal)? _____

In the red zone (below 50% of normal)? _____

What medications are used to control the asthma?

- 1. _____ How often? _____
- 2. _____ How often? _____
- 3. _____ How often? _____
- 4. _____ How often? _____
- 5. _____ How often? _____

ASTHMA CARE PLAN, continued

Will your child need short-acting asthma medication at school? Yes No

Name of short-acting asthma medication(s) needed at school

1. _____ 2. _____

Do you feel that your child understands his/her asthma and knows when he/she needs to use short-acting medication? Yes No

Can your child properly self-administer his/her inhaler? Yes No not prescribed

Can your child properly self-administer medication using a nebulizer? Yes No not prescribed

The normal school procedure for complaints of asthma symptoms is:

1. Allow student to use prescribed asthma medication with assistance given as needed. *
2. Encourage relaxation with slow deep breathing, sipping warm fluids.
3. Stay with student and monitor for symptoms
If symptoms decrease within 15 minutes, return to class
If symptoms remain the same after 15 minutes, parent will be contacted for directions.
If symptoms increase in severity, will call 911, CPR will be started if needed, parents called.
4. Indicate if any further behaviors/actions are needed:

Any student requiring test and activity restrictions must present written directions from the student's physician or primary care provider.
Please maintain current contact information with the school nurse, office, bus driver, and teacher so that you can be reached in an emergency.

* The district medication policy requires parental and physician signatures on district forms for each medication administered during the school day. Forms are available in the school foyer and the office.

Parent Signature: _____ Date: _____

School Nurse Use Only	
Nursing Dx	1. Stable 2. Potential complication: hypoxemia 3. High risk ineffective breathing pattern 4. Other: _____
Plan	1. No ongoing nsg mgmt at school indicated 2. Standard procedure for asthma 3. Standard medication procedure 4. Individualized EAP 5. Delegation of tx to unlicensed personnel
RN:	