

**Sauk Rapids-Rice School Plan  
For Students With Asthma**

**Student Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Contacts**

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent Work #: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Health Care Provider/Clinic: \_\_\_\_\_ Clinic Phone: \_\_\_\_\_

**Medication(s)**

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

**Asthma History**

**Triggers:** (Check if applicable for your child)

illness    exercise    cold air    smoke    dust    stress

other: \_\_\_\_\_

allergies: \_\_\_\_\_

**Severity of asthma:** (Circle)                      **Not severe 1 2 3 4 5 Severe**

Days missed from school last year due to asthma: \_\_\_\_\_

Times requiring hospital/emergency room treatment in the past year due to asthma: \_\_\_\_\_

Does student use Peak Flow Meter? \_\_\_\_\_ Best Flow Meter Reading: \_\_\_\_\_

Curricular modifications required: (explain) \_\_\_\_\_

\_\_\_\_\_

Field trip plan: \_\_\_\_\_

\_\_\_\_\_

(over)

## Managing Student's Asthma At School

Symptoms
<ul style="list-style-type: none"> <li>Student feels short of breath</li> <li>Gasping for breath, wheezing or coughing</li> <li>Difficulty talking or walking</li> <li>Tightness in chest, restless, upset stomach, anxiousness</li> <li>Blue or gray discoloration of lips or fingernails</li> <li>Other: _____</li> </ul>

Action Plan
<ul style="list-style-type: none"> <li>Stay with the student . Remain calm and offer reassurance to the student.</li> <li><b>Give medication:</b>  <b>Medication:</b> _____ <b>Route:</b> Inhaler / Neb   <b>Dose:</b> _____ <b>Frequency:</b> _____   <b>Location of medication:</b> _____</li> <li>Have student sit up and breathe evenly. Breathe in through the nose and breathe out with pursed lips.</li> <li>Give room temperature water to sip.</li> <li>Elevate arms to shoulder level and provide support for arms (desk or back of chair).</li> <li>Notify parent or emergency contact.</li> <li>Other: _____</li> </ul>

Asthma Emergency - Call 911 If...
<ul style="list-style-type: none"> <li>No improvement of symptoms 5-10 minutes after using medication or if no medication is available</li> <li>Breathing symptoms listed above worsen</li> </ul>

**Important: Students requiring an inhaler at school must provide to school a signed physician order, parent release and the inhaler must be properly labeled. This policy is also required for students authorized to carry and self-administer inhaler medication.**

I give the ISD #47 Licensed School Nurse permission to consult (both verbally and in writing) with the above named student's health care provider regarding any questions that arise about the medical condition and/or medications, treatments, procedures being used to treat the condition.

<b>Parent Signature:</b>	<b>Date:</b>
<b>Health Care Provider:</b>	<b>Date:</b>
<b>School Nurse:</b>	<b>Date:</b>
<b>Health Associate:</b>	<b>Date:</b>

The above information will be used for planning and may be shared with school staff involved with this student.