

HINSDALE SOUTH HIGH SCHOOL

Dear Parent/Guardian,

Your student's health record indicates a health condition of Asthma. If your student needs to carry and self-administer an inhaler then a parent and physician signature are required on our school Medication Authorization Form and Asthma Action Plan. Please have your physician sign the paperwork and return it to the Health Office. Your student can also leave a spare inhaler in the Health Office for use.

Another important document is the Asthma Guidelines for an Individualized HealthCare Plan. This document is shared with school staff that work with your student. Please read through it and keep it for your personal records and information as parent/guardian responsibilities are listed on this document as well.

Return forms to:

Southhealth@hinsdale86.org

ASTHMA
Individualized Healthcare Plan
Confidential

Name **ID:** **DOB:** **Effective Date:**

Parent(s):

Allergies:

Medications:

Asthma is a chronic lung disease, which is characterized by attacks of breathing difficulty. It is disorder that causes the airways of the lungs to swell and narrow, leading to wheezing, shortness of breath, chest tightness, and coughing. Asthma is caused by inflammation in the airways. When an asthma attack occurs, the muscles surrounding the airways become tight and the lining of the air passages swells. This reduces the amount of air that can pass by.

Many of the same substances that trigger allergies can also trigger asthma. Common asthma triggers include pet hair and dander, dust, changes in weather (most often cold weather), exercise, mold, pollen, respiratory infections such as the common cold, strong emotions, stress, tobacco smoke, dust mites, mold, chemicals in the air or in food, and nonsteroidal anti-inflammatory drugs (NSAIDs).

The goals of treatment are: control airway swelling and stay away from substances that trigger symptoms. There is no cure for asthma, although symptoms sometimes can improve over time. With proper self-management and medical treatment, most people with asthma can lead normal lives.

1) Problem: Breathing Difficulty

Goal: Avoid attacks and maintain airway

Action:

1. The student needs to know their triggers and avoid them as much as possible.
2. Staff members need to know the symptoms of an asthma attack:

Coughing, wheezing, tightness in chest, prolonged expiration, gasping for air, color changes (pale or blue).

3. With any difficulty breathing, the student needs to rest and use their inhaler.
4. **If the student continues to have difficulty breathing, have someone escort the student to Health Services or call extension 4595 OR 4596. Never send the student alone.**
5. Under no circumstances, should a student be pushed to increase their physical activity beyond their ability or when they are having difficulty breathing.
6. Allow student to self-limit PE activity, allow rest or alter activity as needed.
7. When Asthma symptoms exacerbate, attendance may be less than regular.

(Continued)

2) Problem: Severe Respiratory Distress

Goal: Recognize symptoms of distress and respond appropriately

Action:

1. **Symptoms that indicate severe respiratory distress include: struggling for breaths, gasping, trouble walking or talking, stooped body posture, and skin, lips or fingernails are blue or grey.**
2. **If a student has symptoms of severe respiratory distress, call 911**
3. **Also, call Health services 4595 or 4596, or have a student supervisor or Dean send a two-way radio message to the nurse.**

3) Problem: Adequate hydration

Goal: Encourage adequate hydration.

Action:

1. Allow student to drink fluids in the classroom.
2. Allow bathroom breaks as needed.

Other Concerns/Information for parents and teachers:

- ❖ **It is the parent or guardian's responsibility to notify Coaches of the student's involvement in any extra-curricular activities.** Health Services will then provide a copy of the healthcare plan to coaches, club sponsors, etc. on request.
- ❖ **Prior to any off-campus activity, a parent or guardian must notify the field trip sponsor of their student's special health needs.**
- ❖ **A teacher's copy of the Healthcare Plan should accompany the student on all field trips or off-campus activities.**
- ❖ **Teachers will place a copy of this plan in the substitute folder.**
- ❖ **Healthcare Plan will be updated as needed.**

Parent Signature

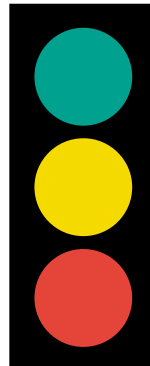
Date

School Nurse Signature

Date

Asthma Action Plan

Name	Date
Doctor	Medical Record #
Doctor's Office Phone #: Day	Night/Weekend
Emergency Contact	
Doctor's Signature	



The Colors of a traffic light will help you use your asthma medicines.

Green means **Go Zone!**
Use preventive medicine.

Yellow Means **Caution Zone!**
Add quick-relief medicine.

Red means **Danger Zone!**
Get help from a doctor.

Personal Best Peak Flow _____

GO

You have **all** of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work and play

Peak flow from
_____ to _____

CAUTION

You have **any** of these:

- First signs of a cold
- Exposure to known trigger
- Cough
 - Mild wheeze
- Tight chest
 - Coughing at night

Peak flow from
_____ to _____

DANGER

Your asthma is getting worse fast:

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Can't talk well

Peak flow
reading below

Use these daily preventive anti-inflammatory medicines:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

For asthma with exercise, take:

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Continue with green zone medicine and add:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

CALL YOUR PRIMARY CARE PROVIDER.

Take these medicines and call your doctor now.

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

GET HELP FROM A DOCTOR NOW! Do not be afraid of causing a fuss. Your doctor will want to see you right away. It's important! If you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT.

Make an appointment with your primary care provider within two days of an ER visit or hospitalization.