

ASTHMA INDIVIDUAL HEALTH PLAN

GRANDVIEW SCHOOL DISTRICT 2020-2021

Name:	DOB:	Date:	
School:	Grade/Teacher:		
HEALTH CONCERN – ASTHMA			
ASTHMA TRIGGERS: ☐ None known ☐ Animals ☐ Cold air ☐ Exercise ☐ Pollens ☐ Illness ☐ Smoke, odors ☐ Other:		USUAL ASTHMA SYMPTOMS: ☐ Cough ☐ Wheeze ☐ Shortness of breath ☐ Chest tightness ☐ Asking to use inhaler ☐ Other:	

MEDICATION ORDERS Can be filled out by licensed health care provider; MD, DO, ND, DMD, DC, PA, ARNP, CNM. IHP can be filled out by School Nurse based on BSD "Authorization for Medication to be Taken at School" form

EMERGENCY CARE PLAN:

ADMINISTER MEDICATION AS DIRECTED

- If student is very short of breath, has difficulty walking or talking, lips/mouth/nails are blue and quick relief medication is NOT working: CALL 911
- If inhaler is new or hasn't been used in 1 week, prime the inhaler (4 puffs). If using Xopenex prime the inhaler (4 puffs) if it hasn't been used in 3 days.

MEDICATION

Health Care Provider, please choose one:

☐ Albuterol (Proair®, Ventolin®, Proventil®) ☐ Levalbuterol (Xopenex) ☐ Other: _____
 _____ puffs every _____ hours as needed for symptoms. (May cause shakiness, jitteriness, increased heart rate)

☐ Uses inhaler with spacer

☐ May repeat _____ puffs of quick relief medication in _____ (time) if symptoms have not improved.

EXERCISE PRE-TREATMENT: ☐ No exercise pre-treatment needed.

☐ May give 2 puffs of quick relief inhaler _____ minutes prior to: ☐ PE ☐ Recess

SELF CARRY, Health Care Provider please choose one:

☐ NO, student MAY NOT self-carry. ☐ YES student may self-carry. Checking "YES" indicates that the student may SELF-CARRY.

Provider/student/parent/guardian understands the responsibility of self-carrying medication at school and recognizes that the school will not be able to track compliance. As a parent/guardian of the student, I agree to hold harmless and indemnify the school and Bellevue School District's officers, employees, and agents against all claims, judgments, or liabilities arising out of the self-administration and carrying of medication by their student.

Physician Signature:	Date:	Phone:	Fax:
<i>Signature authorizes medication for length of school year</i>			

Parent/Guardian signature:	Date:	Phone:
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INDIVIDUAL CONSIDERATIONS:

Classroom: Teacher to inform substitute teachers of the student's Individual Health Plan

Transportation: Bus-Transportation will be informed of the student's Individual Health Plan

Field Trip Procedures: Medication and IHP will accompany student during any off-campus activity

Recess: Recess staff will be informed of the student's Individual Health Plan

Parent: If student attends extended day/childcare, clubs before & after school, evening and summer activities, parent will notify the program director of their child's medication and health care needs.

Other:

- RN will notify teachers, specialists, and other staff of student's IHP
- If appropriate, please refer to student's confidential or green folder for 504 eligibility information.

Inhaler Technique (with spacer)

				
Step 1: Shake the medicine.	Step 2: Insert the mouthpiece of the inhaler into the rubber-sealed end of the spacer.	Step 3: Breathe all of the air out of your lungs. Then put the spacer between your teeth. Make a tight seal around the mouthpiece with your lips.	Step 4: Press the metered-dose inhaler down once to release a spray of the medicine. The medicine will be trapped in the spacer. Breathe in slowly and deeply. WITH MASK: Breathe in and out slowly for 3 to 5 breaths after the MDI is pressed.	Step 5: Hold your breath for 5 to 10 seconds and then breathe out slowly. If you cannot hold your breath, another method is to breathe in and out slowly for 3 to 5 breaths. Repeat as directed.

Inhaler Technique (without spacer)

				
Step 1: Insert the metal canister into the plastic holder if they are not already put together. Make sure the canister is firmly in place. Take the cap off the plastic holder.	Step 2: Shake the inhaler.	Step 3: Hold the MDI with a finger on top of the metal canister and your thumb on the bottom of it. Stand or sit up straight. Breathe out.	Step 4: Place the mouthpiece of the MDI into your mouth. Make sure the MDI is between your teeth and your tongue is flat. This will allow the medicine to go into your lungs. Close your lips around the mouthpiece. Tilt your head back slightly.	Step 5: Breathe in very slowly. About one-third of the way into the breath, press down on the canister firmly. Keep breathing in all the way until your lungs are full. Hold your breath for 10 seconds. Breathe out very slowly through your nose. If you need to take more puffs, wait for 1 minute, then repeat steps 2 to 4.

School Nurse:	Email:	Phone:
		Fax: