

ISD #477 School Health Services

ASTHMA ACTION PLAN



PRINCETON
DISTRICT CENTER

Physician: Please complete this page

Parent/Guardian: Please complete page 2

Student _____ Date of Birth _____ Grade _____
 School _____ Teacher _____
 Physician: _____
 Parent/Guardian _____ H# _____ W# _____ C# _____
 Parent/Guardian _____ H# _____ W# _____ C# _____

Severity:

- ☐ Mild Intermittent
- ☐ Mild Persistent
- ☐ Moderate Persistent
- ☐ Severe Persistent

Triggers/Allergies:

- ☐ Illness/Colds
- ☐ Exercise
- ☐ Weather
- ☐ Environmental
- ☐ Food: _____
- ☐ Other: _____

Symptoms:

- ☐ Cough
- ☐ Wheeze
- ☐ Shortness of Breath
- ☐ Tightness in Chest
- ☐ Other: _____

Inhaler is Located:

- ☐ Health Services
- ☐ Backpack
- ☐ Self-carry
- ☐ Other: _____

GREEN ZONE

You have ALL of these:

- Breathing is good
- No cough or wheeze
- Can work/play easily

Peak Flow is between:
 _____ and _____
 80 - 100 % of personal best

DOING WELL

Step 1: Take these controller medicines every day:

Medication	How Much	When
_____	_____	_____
_____	_____	_____

Step 2: If exercise triggers your asthma, take the following medicine 5 to 60 minutes before exercise.

Medication	How Much	When
_____	_____	_____

GO!

YELLOW ZONE

You have ANY of these:

- Breathing with some difficulty
- Coughing
- Wheezing
- Tightness in chest
- Cannot work/play easily
- Anxious

Peak Flow is between:
 _____ and _____
 50 - 79 % of personal best

GETTING WORSE

Step 1: Keep taking GREEN ZONE medicines and ADD quick-relief medicine:

☐ 2 or ☐ 4 puff(s) or nebulizer treatment of _____, once
 Repeat inhaler every 20 minutes for up to 1 hour, if needed.

Step 2: Encourage slow breathing and offer warm water.

Step 3: Notify parent/guardian if needing quick relief medicine < 4 hours.

Step 4: If unable to reach parent and symptoms are getting worse, follow RED ZONE instructions.

CAUTION!

RED ZONE

You have ANY of these:

- Struggling to breathe
- Coughs continuously
- Nostrils open wide
- Ribs are showing
- Medicine is not helping
- Difficulty talking
- Lips or fingernails are blue or gray

Peak Flow is between:
 _____ and _____
 Below 50 of personal best

EMERGENCY

Step 1: Take your quick-relief medicine NOW:

Medication	How Much
_____	_____
Or 1 nebulizer treatment of _____	

AND

Step 2: Encourage slow breathing and offer warm water.

Step 3: Call 911

Step 4: Notify parent/guardian.

GET HELP NOW!

Types of Limitations

- ☐ No Limitations
- ☐ Physical Education (specify): _____
- ☐ Playground (specify): _____
- ☐ Other (specify): _____

Physician Authorization

I authorize the above plan to be followed in school.

Physician's Signature: _____ Printed Name of Physician: _____ Date: _____

Parent/Guardian: Please complete this page

Student _____ Date of Birth _____ School _____ Grade _____

FIELD TRIPS: • Send prescribed inhalers and Asthma Action Plan.
• 911 will be called, as needed.

BUS INFORMATION: Please notify the bus company directly of any specific directions for your child's care while riding the bus.

SELF-CARRY INHALER CONTRACT

Based on student's knowledge and skills to safely possess based on LSN discretion

I give permission for my child, _____ to carry their inhaler. My child understands that they must never share their inhaler with others, and that they must go to Health Services with no improvement of symptoms. I will notify the school of changes in medication or my child's condition. **Please note: It is recommended to have a "back-up" inhaler that is kept in Health Services.**

Parent/Guardian Signature: _____ Date: _____

PARENT/GUARDIAN REQUEST FOR ADMINISTRATION OF MEDICATION

1. I request that the above medication(s) be given during school hours as ordered by this student's healthcare provider. I also request the medication(s) be given on field trips, as prescribed.
2. I release school personnel from liability in the event adverse reactions result from taking the medication(s).
3. I will notify Health Services of any change in the medication(s) i.e. dosage change, medication is discontinued, etc.
4. I give permission for the medication(s) to be given by school personnel as delegated by the school nurse.
5. If my child has any remaining medication(s) during or at the end of the school year, I authorize Health Services personnel to send it home with my child. I will notify Health Services if I prefer to pick up the medication(s) at school.

NOTE: Medication must be supplied in original/prescription bottle.

Parent/Guardian Signature: _____ Relationship to Student: _____ Date: _____

PERMISSION FOR RELEASE OF MEDICAL INFORMATION

1. I give permission for Health Services personnel to communicate as needed, with school staff about my child's medical condition(s).
2. I give permission for Health Services personnel to consult with my child's healthcare provider about any questions regarding the listed medication(s) or medical condition(s) being treated by the medication(s).
3. I give permission for the physician/licensed prescriber to release information related to the above medication(s) and medical condition(s) to Health Services personnel.

Parent/Guardian Signature: _____ Date: _____

PARENT/GUARDIAN AUTHORIZATION

I understand that this action plan may be revoked at anytime in writing, and expires in one calendar year.
I authorize the above plan to be followed in school.

Parent/Guardian Signature: _____ Date: _____



Emergency Care Plan TAKE ON ALL FIELD TRIPS

☐ Attach a copy of Student Emergency Card

ASTHMA INFORMATION SHEET

Students who have asthma often learn to identify their early warning signs -- the physical changes that occur in the early stage of airway obstruction. These early warning signs usually happen long before more serious symptoms occur. Being aware of these early warning signs allows the student to take medication at a time when asthma is easiest to control.

Teachers should encourage students to be aware of these early symptoms, and to take the proper action immediately. Knowing the signs of a beginning episode will help you and other staff take appropriate measures to avoid a more serious medical emergency. There should be no delay once a student has notified the teacher of a possible problem.

PREVENTION STRATEGIES:

- Student may or may be aware of the triggers to avoid
- Student may or may not tell people about his/her asthma
- Student may or may not recognize the early signs of an asthma episode
- Student may or may not tell an adult immediately if they begin to have an asthma episode
- Student may or may not be responsible to pre-medicate prior to activities involving triggers
- Student may or may not require encouragement to take scheduled medication

SIGNS OF EMERGENCY:

- Rapid breathing
- Cough or tight cough
- Wheezing
- Difficulty breathing out
- Difficulty breathing, walking, talking
- Failure of medication to reduce worsening symptoms
- Blue or gray discoloration of lips or fingernails
- "Clipped" speech -- unable to speak full sentences

If you see this →

ACTION FOR GENERAL SCHOOL STAFF/TEACHERS:

1. Notify building Health Services staff in Health Office. (Be familiar with phone extension number)
2. Health Services staff will ask that student be accompanied by an adult to Health Office.
- or -
3. Health Services staff to come to classroom with medication.
4. Health Services staff is responsible to provide care to student unless delegated to teaching staff by a school nurse (i.e. Field Trips).

Do this →

FIELD TRIP ACTIONS:

on Field Trips - Do this →

1. Information sheet and all student medication related to potential asthma episodes should be brought on the field trip.
2. There must be at least one teacher that has been taught and delegated proper inhaler medication administration. Delegation process MUST be taught by a Licensed School Nurse.
3. If a student is in need of inhaler medication, trained teacher should administer according to directions below:

DIRECTIONS for use of a Metered Dose Inhaler:

1. Remove cap and shake inhaler →
 2. Student should breathe out →
 3. Place inhaler in mouth (a spacer is optimal) →
 4. Student/staff should PRESS down on inhaler to release medication
 5. Student should breathe in slowly (3-5 seconds)
 6. Wait 1 minute and repeat process for a total of 2 puffs (2 puff total)
- (Note: Metered Dose Inhalers are one of the most common methods, although other types do exist with alternative instructions.)

4. An adult should call 911. Notify school Health Office when 911 is called. Inform paramedics of asthma and medication history.

STUDENT OUTCOMES: (✓ all that apply)

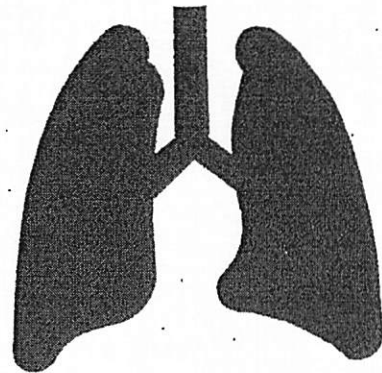
1. Student will participate in school activities with modifications as needed.
2. Student will demonstrate/describe triggers and signs of an asthma episode.
3. Other: _____

Asthma and Breathing Trouble



Symptoms of breathing trouble:

- Unusually slow or fast breathing
- Breathes unusually deep or shallow
- Gasping for breath
- Wheezing, gurgling, or making high-pitched noises
- Skin unusually moist
- Skin flushed, pale, ashen or bluish looking
- Person feels short of breath
- Person feels dizzy or light-headed
- Person feels pain in chest or tingling in hands or feet
- Person feels apprehensive or fearful



Symptoms of asthma attack can also include:

- Coughing, wheezing, restlessness, or upset stomach

Care of asthma and breathing trouble

1. Remain calm and reassure person.
2. Have person sit up and breathe evenly, breathing in through nose, and breathing out with pursed lips.
3. If asthma episode is suspected, give glass of room temperature water to sip.
4. Elevate arms to shoulder level and provide support for the arms (desk or back of chair).
5. Notify your site's health office to: 1) Give medication if ordered and available (Some students carry their asthma inhaler with them); 2) Contact parent/guardian.

Reasons to call 911:

- Child is not breathing
- Blue lip area or blue nail beds
- Difficulty talking, walking or drinking
- "Quick relief" reliever medication (inhaled bronchodilator) is ineffective, unavailable, or used too recently to repeat
- Neck, throat, or chest retractions (Sucking in of the skin between ribs or at base of the neck)
- Nasal flaring when inhaling
- Obvious distress
- Altered level of consciousness/confusion
- Rapidly deteriorating condition