



## SCHOOL ASTHMA INFORMATION AND TREATMENT PLAN

School Year: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade : \_\_\_\_\_

Date: \_\_\_\_\_ School: \_\_\_\_\_

**Complete this form if your child has taken medications, received treatment or missed school due to asthma in the past 3 years.** If it has been more than 3 years and you do not feel that school staff needs to be aware of your child's asthma, please initial the box in the next paragraph. If you desire a conference with the District Nurse, please call for an appointment (503) 769-4930.

\_\_\_\_\_ (Initial only if your child does not require any asthma care). My child has been free of asthma symptoms for the past 3 years. I will notify school staff if this changes. Staff does not currently need to be aware of my child's asthma history.

### Asthma Management/Treatment

1. Daily Asthma Controller Medications:

Medication Name:	Dose:	When to use (daily, as needed)
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Does your child use a peak flow meter at home? \_\_\_\_ Yes \_\_\_\_ No  
Will you be supplying a peak flow meter for use at school? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Maybe  
Peak flow is a very effective way to manage asthma. The school district is very willing to work with you and your health care provider to monitor peak flow at school.

### Asthma Trigger & Symptoms

3. What triggers your child's asthma? (Check all that apply.)

____ Allergies	____ Emotions/Stress	____ Cigarette Smoke
____ Medications	____ Dust	____ Respiratory Infections
____ Animals _____		____ Other _____

4. Please check applicable **signs and symptoms** of the asthma episode in your child:

____ Anxious/fearful	____ Shortness of breath (breathing hard/fast)
____ Bluish color of nail beds, skin	____ Verbalizes discomfort
____ Chest tightness	____ Changes in behavior, confusion, lethargy, decreased level of consciousness
____ Chest sucks in when breathing	____ Inability to speak in full sentences; without taking breath or only able to whisper
____ Coughing	____ Low stamina during physical activity
____ Frequent clearing of throat	
____ Wheezing	

5. What are your child's early warning signs of an asthma episode? (Check all that apply.)

____ Cough	____ Cold Symptoms	____ Wheezing
____ Drop in Peak Flow	____ Decreased Energy	____ Other _____

6. Does your child understand asthma triggers and reliably report difficulty? \_\_\_\_ Yes \_\_\_\_ No

7. Do you expect his/her asthma to impact school? \_\_\_\_ Yes \_\_\_\_ No

**OVER →**

**Asthma history**

8. When was your child diagnosed with asthma? \_\_\_\_\_
9. In the past year:  
 Number of missed school days due to asthma? \_\_\_\_\_  
 Number of doctor's office visits due to asthma? \_\_\_\_\_
10. Number of times treated for asthma in the emergency room? \_\_\_\_\_  
 Has your child ever been hospitalized overnight due to asthma? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 When? \_\_\_\_\_

11. Please check all concerns related to your child's asthma that may need to be considered at school. (Contact District nurse if needed.)

None \_\_\_\_\_

\_\_\_\_\_ Recess/Gym Class                      \_\_\_\_\_ Seasonal - spring allergens  
 \_\_\_\_\_ Specific Foods                      \_\_\_\_\_ Field trips - forest, fields  
 \_\_\_\_\_ Field Trips                              \_\_\_\_\_ Other: \_\_\_\_\_  
 \_\_\_\_\_ Animals/Pets

Parent/Guardian: \_\_\_\_\_ Home phone: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_ Work /cell phone: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Asthma Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

12. Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

13. District Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

The usual procedure followed at school for a student's asthma is:

1. Allow student to use his/her prescribed asthma medication with assistance given as needed.
2. Encourage student's relaxation (e.g., slow, deep breathing; sipping warm fluids, etc.)
3. Stay with student; monitor for symptoms.
  - a) If symptoms decrease 15 minutes after taking medication, student may return to class.
  - b) If symptoms remain the same 15 minutes after taking medication parents will be contacted.
  - c) If symptoms increase in severity, 911 will be called and CPR begun if necessary.

**Call 911 for help if student:**

- Shows no improvement 15-20 minutes after initial treatment with medication/inhaler.
- Has a peak flow of \_\_\_\_\_
- Has difficulty breathing with chest or neck pulled in or with body hunched over.
- Ribs are showing or nostrils are wide open.
- Is struggling for breath and unable to verbalize words/sentences.
- Has trouble walking or talking.
- Lips or fingernails are gray or blue.
- No inhaler at school with signs of working hard to breath

<p><u>Green Zone</u>                  Breathing is good                  No cough or wheezing                  Can work/exercise easily                  Sleeping all night</p>	<p><u>Yellow Zone</u>                  Difficulty breathing                  Coughing or wheezing                  Tightness in chest                  Difficult to work/exercise                  Wake at night coughing</p>	<p><u>Red Zone</u>                  Very hard to breathe                  Nostrils open wide                  Medicine is not helping                  Trouble walking or talking                  Lips or fingernails are blue/gray</p>
---	---	--