

Southwest Licking Local School District

Asthma Action Plan and Orders

Student Name:		Birthdate:				
School:		Grade:				
Student Address:		Phone:				
I. Healthcare Provider's Sect	ion					
		nt 🗆 Mod	derate Persistent Severe Persistent			
Asthma Triggers □ none □ animals □ cold air □ exercise □ pollen □ respiratory illness □ smoke, chemicals, strong odors □ other (food, emotions, insects, etc)						
Peak flow meter personal best:						
Quick Relief Medication Orders: (check the appropriate quick relief med(s)) Uses inhaler with spacer Albuterol (strength): puffs (Proair, Ventolin HFA, Proventil) as needed every hours for cough/wheeze Levalbuterol (strength): puffs (Xopenex) as needed every hours for cough/wheeze Other: D.3 mg Jr. 0.15 mg SIDE EFFECTS of medication(s):						
		-				
Green Zone Doing W Symptoms: Breathin						
Symptoms: Breathing is good – no cough or wheeze Peak flow meter (more than 80% personal best)						
	Use albuterol / levalbuterol					
	with all activity		when the child feels he / she needs it			
	AUTION: DO NOT LEAVE STUDEN		DED			
Symptoms: Problems breathing – Cough, wheeze, or chest tight						
Peak flow meter to (between 50% and 79% of personal best)						
• If student is using quick relief inhaler > 2times a week or requires frequent observation by school staff → Notify parents and school nurse						
If student is coughing, wheezing and having difficulty breathing:						
 ⊙ Give puffs of quick relief inhaler. May repeat in minutes. → Notify parents and school nurse if repeated 						
If no improvement afte	r repeated dose, call 911 – see be	elow				
	AUTION: CALL 911 AND DO NOT					
Symptoms: Difficulty talking – Shortness of breath – getting worse instead of better						
Blue appearance (lips/nails) – Medicine is not helping						
Peak flow meter (less than 50% of personal best)						
☐ Give puffs quick relief inhaler or nebulizer treatment and notify parents and school nurse☐ This student needs Epi auto-injector for severe asthma attacks and						
□ can carry and self-administer Eni auto-injector □ needs help giving the Eni auto-injector □ other:						

self-administer their quick-relief inhaler, incl medicine.	•	ymptoms do not improve after taking the
Special Storage Instructions:		
Start Date:	End Date:	
Healthcare Provider		
Name:	Date:	
Phone:	Signature:	

Roth the Healthcare Provider and the Parent / Guardian feel that the child has demonstrated the skills to carry and

II. Parent / Guardian's Section

I hereby request and give my permission for school district personnel to administer this prescribed medication to my child in accordance with the specific written orders from our medical provider. I do hereby release all school employees and the Board of Education from liability for damages, illness, or injury resulting from either performing or not performing any assistance requested.

I am responsible for the delivery of this medication to the school clinic and will notify the school immediately if we change our medical provider or the need for this medication is discontinued.

I agree to submit a revised Request for Administration of Prescription and Nonprescription Medication by School Personnel Form if any changes are made regarding the above medication.

A new Asthma Action Plan and Orders must be submitted each school year.

I understand this medication can only be administered to my child by a school nurse or myself until medically unlicensed staff in my child's school have completed the required District training. In the absence of a medically licensed person, such as a school nurse, only designated, trained staff are authorized to perform this task.

If this medication is required for extracurricular activities, I agree to provide a separate dose to school staff supervising my child's extracurricular activities.

I consent to communication between the prescribing health care provider or clinic, the school nurse, and school-based health clinic providers as necessary for medical management.

Any medication remaining after 5 days from the last day of school for students will be discarded.

Parent / Guardian Signature:	Date:	
Home Address:	Phone:	