

ASTHMA/REACTIVE AIRWAY(RA) HISTORY FORM

Student Name: _____ Date of Birth: _____

School: _____ Grade/Teacher: _____

Parent/guardian name (s): _____

Phone Home: _____ Work: _____ Cell/pager: _____

Primary Health Care Provider: _____ Phone: _____

Student's age at diagnosis: _____

How many times has student been to the Emergency Room for asthma/RA in the past year: _____

Any hospitalizations for asthma/RA: _____

How would you rate the severity of this student's asthma/reactive airway? ____ (from scale below)

(not severe) 1 2 3 4 5 6 7 8 9 10 (severe)

Check any conditions that usually trigger an asthma/RA episode:

- | | |
|--|---|
| <input type="checkbox"/> Respiratory infection | <input type="checkbox"/> Exercise (describe) _____ |
| <input type="checkbox"/> Exposure to cold air | <input type="checkbox"/> Odors (describe) _____ |
| <input type="checkbox"/> Emotional stress | <input type="checkbox"/> Allergic reactions to: _____ |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Other _____ |

Estimated number of school days student missed last year because of asthma/RA: _____

Date of last medical evaluation for asthma/RA: _____

Check the signs that are usually present during an asthma/RA attack:

- | | |
|---|---|
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Short of breath |
| <input type="checkbox"/> Wheezing | <input type="checkbox"/> Bluish color of skin/nails |
| <input type="checkbox"/> Feels frightened | <input type="checkbox"/> Other _____ |

What medications does this student take for asthma/RA (both every day and as needed [prn]):

Medication Name	Amount	Delivery Method, (inhaler nebulizer, oral, etc)	How Often?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does this student use any of the following aids for managing asthma/RA?

- | | |
|---|--|
| <input type="checkbox"/> Peak flow meter (personal best, if known: _____) | <input type="checkbox"/> Holding chamber |
| <input type="checkbox"/> Spacer | <input type="checkbox"/> Holding chamber with mask |
| <input type="checkbox"/> Other (specify): _____ | |

The usual procedure followed at school for asthma/RA is:

1. Allow student to use prescribed asthma medication with assistance given as needed
2. Encourage relaxation with slow deep breathing, sipping warm fluids
3. Stay with student and monitor for symptoms
 - a. If symptoms decrease after 15 minutes, return to class
 - b. If symptoms remain the same after 15 minutes, parent will be contacted for directions
 - c. If symptoms increase in severity, will call 911, CPR will be started if needed, parents called

Parent Signature _____ Date _____ (st5/06)