

Bartlett City Schools
Individual Healthcare Plan/Action Plan for Asthma

School _____ **School Year** _____

Student: _____ **Grade:** _____

Address _____ **City/State** _____ **Zipcode** _____

Mom Phone: _____ **Dad Phone:** _____

Emergency Contacts:

Name _____ **Relationship** _____ **Phone** _____

Name _____ **Relationship** _____ **Phone** _____

Diagnosed w/Asthma: _____ **Other Medical diagnosis/Conditions** _____

Asthma Physician _____ **Phone** _____

Medications at school (include purpose, time and dosage)

Medications at home (include time and dosage)

Check any conditions that usually trigger an Asthma episode:

☐ Respiratory Infection ☐ Temperature changes ☐ Emotional stress ☐ Environmental ☐ Smoking

☐ Odors/fumes ☐ Exercise ☐ Other _____

Allergic reaction to: _____

Usual symptoms present during your child's asthma attack:

☐ Chest tightness ☐ Persistent coughing ☐ Shortness of breath ☐ Wheezing ☐ Pale ☐ Flushed ☐ Look of anxiety or fear ☐

☐ Blush color to skin/nails ☐ Difficulty talking in complete sentences (breathless or clipped speech).

☐ Other _____

Usual procedure followed at school for student having an asthma attack:

1. Encourage student to remain calm and take slow deep breaths. Assess breathing and oxygen saturation level.
2. Assist student to use prescribed asthma medication as ordered by physician.
3. Stay with student and monitor response to medication. Contact parent/ Guardian
4. If symptoms decrease within 15 minutes and student is relieved, he/she may return to class.
5. If symptoms persist after 15 minutes, per MD order assist student to repeat inhaler dosage 1 time .
6. Wait another 15 minutes after repeating the inhaler, and if student is relieved, he/she may return to class. If symptoms persist or worsen follow the Emergency Action Plan below.

Emergency Action Plan:

1. If symptoms increase in severity (i.e., inability to walk or talk, hunched over, chest neck restrictions, can't play, lips gray, air hunger, persistent coughing, etc.), contact an administrator and call 911.
2. Continue to monitor student's breathing and general condition.
3. Contact parent and be prepared to take next appropriate action > Rescue breathing or CPR until help arrives.

Asthma/Allergy Parent Information and History

1. My child has been hospitalized for asthma in the last 6 months? ☐ Yes ☐ No If yes, date _____
2. Had asthma attack that required ER treatment in the last 6 months? ☐ Yes ☐ No If yes, date _____
3. Does your child regularly use his/her inhaler before physical education? ☐ Yes ☐ No
4. What relieves your child's asthma symptoms? ☐ MDI ☐ Rest ☐ Abd. Br. Exer. ☐ Liquids (hot/cold)
5. Does your child use a spacer? ☐ Yes ☐ No If so, is the spacer at school? ☐ Yes ☐ No
6. Is a breathing treatment machine used at home? ☐ Yes ☐ No If yes, how often? _____
7. Does your child have any asthma related allergies? ☐ Yes ☐ No Name allergy _____

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Student: _____ **DOB:** _____

Individual Health Care Plan for Asthma

Assessment: Student is enrolled in a Bartlett City School and has been diagnosed with Asthma.

Nursing Diagnosis:

- Ineffective airway clearance associated with chronic inflammation causing bronchoconstriction and excessive mucus production.

Goals:

- The development of an Asthma Action Plan and IHP with the parent and healthcare provider.
- The student will have their needed asthma medication available and easily accessible at school.
- The student will increase their ability to identify and manage environmental triggers.

Nursing Interventions:

- Obtain an Asthma Action Plan and IHP from the parents/guardians and the healthcare provider and file with medical records.
- Identify the student's level of asthma severity by monitoring asthma signs and symptoms to help in establishing priority for intervention.
- Ensure that quick-relief medication is easily and quickly available to the student.

Expected Outcome:

- The student will have an Asthma Action Plan and IHP on file in the school health office.
- The student will demonstrate proper technique for using asthma medications and medication delivery devices.
- The student will assist in making sure that necessary medication is easily accessible and available.
- The student will identify and manage environmental triggers to avoid crisis.

Evaluation: Plan will be evaluated yearly.

Emergency Plan: Action Plan as above. Call 911.

For Physician Use Only

According to TN. State law TCA 49-5-415 – Students may carry and self administer a prescribed asthma reliever inhaler under the following circumstances: The physician must provide the name, purpose, dose of medication, and the time(s) or special circumstances for use. The physician must further document that the student has been trained in the proper use of the inhaler.

- **This student may carry and self-administer the following metered dose medication by inhaler.** ____ Yes ____ No
- This student has been trained by a medical professional to independently use the Metered Dose Inhaler (MDI)? ____ Yes ____ No
- **This medication may be repeated** as directed if symptoms persist 15 minutes after initial use? ____ Yes ____ No

MD signature indicates agreement with the plan and an order in good standing for the current school year.

Physicians Signature _____ **Date** _____

I acknowledge that the school shall incur no liability and I indemnify and hold harmless the school and its employees against any claims relating to the possession or self-administration of the inhaler and my signature also indicates permission to circulate plan to appropriate staff members.

Parent Signature _____ **Date** _____

Health Care Plan has been reviewed by nurse, Faculty and appropriate staff have been trained and instructed to meet student's needs and physician's orders.

Nurse: _____ Date: _____