



Supplement to the Virginia Asthma Action Plan

Student Name: _____

Student DOB: _____

Administration of Asthma Medication & Application of the Asthma Action Plan by Oakwood Staff

- **Action Plans must be updated and resubmitted to the clinic before the first day of classes each school year.** If a medication dose or administration time changes, the parent/guardian is responsible for updating and obtaining new authorization before submitting it to the Oakwood clinic.
- This form must accompany the Virginia Asthma Action Plan (page 2) completed by a licensed prescriber. No other documentation/recommendations will be accepted in lieu of this form.
- **Asthma Rescue Medication must arrive at the clinic in a new, unexpired container directly from the pharmacy.** A parent or guardian is required to be present to log medication into the school clinic.
- In the event a medication expires during the school year, a parent/guardian will be notified and must pick up the expired, unused, portion of the medication. Medication that is not claimed will be destroyed in accordance with FDA regulations and recommendations.

Please document the most recent date this medication was administered: _____ Initial: _____
(Oakwood policy states that the first dose of any medication must be given at home and a student should be monitored to determine there is no adverse reaction).

I, _____, hereby authorize Oakwood School personnel to administer medication as directed by this authorization and as outlined on the Allergy & Anaphylaxis Emergency Plan. I have read and agree to the procedure & process as outlined on this form.

Parent/Guardian Signature: _____ Date: _____

Please complete if you would like your child to carry/self-administer asthma medication:

_____ is authorized by a licensed prescriber to carry an inhaler at Oakwood School. Medication must be logged & documented with the Oakwood clinic before a student may self-carry.

I, _____, acknowledge that my child is responsible for carrying the emergency medication and adhering to the licensed prescriber's orders as outlined in the attached Asthma Action Plan.

Parent/Guardian Signature: _____ Date: _____

The following is to be completed by authorized Oakwood Staff at medication intake:

<input type="checkbox"/> Both pages completed & signed <input type="checkbox"/> Student Name matches <input type="checkbox"/> Expiration Date <input type="checkbox"/> Medication in Clinic <input type="checkbox"/> Medication with Student	Asthma Medication: Expiration Date:	Date	Count	Parent	Staff
		<u>Medication Pickup Process:</u>			

VIRGINIA PEDIATRIC ASTHMA ACTION PLAN

Child Name: _____
 DOB: _____
 School Year: _____
 Healthcare Provider: _____
 Provider Contact Number: _____

EMERGENCY CONTACT

NAME _____

PHONE _____

RELATIONSHIP _____

Additional info: _____



GREEN ZONE: GO!

- No trouble breathing
- No cough or wheeze
- Sleeps well
- Can play as usual

Maintenance/Controller None Daily

Montelukast/Singulair Mg once daily

Use controller daily, even when I feel fine. *Spacer recommended with HFA inhalers.*

For Asthma with exercise add: _____ puffs, or _____ puffs
 15 minutes prior to exercise: routinely only if needed

A.M. Puffs

puffs
 puffs

P.M Puffs

puffs
 puffs

YELLOW ZONE:

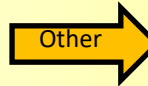
Caution!

- Cough
- Wheeze
- Chest tightness
- Shortness of breath



If your quick reliever medicine is: budesonide/formoterol mometasone/formoterol
 Take: 1 puff every 10 minutes if needed x 3 until symptoms resolve and return to green zone.
 If symptoms continue add: 1 puff as needed up to max of 8 puffs/day for ages 4-11
 1 puff as needed up to max 12 puffs/day for ages 12+

Call your Provider if you need continued maximum quick relief medicine or medicine is not working.



If your quick reliever medicine is: **albuterol**
 Take: puffs or 1 nebulizer tx. Can repeat every 15 minutes up to maximum of 3 doses in 1 hour.
 If symptoms resolve, return to GREEN ZONE and continue monitoring.

If symptoms continue after 1 hour then continue controller and
 Add: puffs every 4-6 hours as needed until symptoms resolve
 Continue every 4-6 hours for days

"SMART" stands for single maintenance and reliever therapy

RED ZONE: DANGER!

- Can't talk, eat, walk well
- Medicine is not helping
- Breathing hard and fast
- Blue lips and fingernails
- Tired or lethargic
- Nonstop cough
- Ribs show

If you have any of these danger signs:

Dial 911 now/ GO TO THE EMERGENCY DEPARTMENT!

- Take 1 puff of budesonide/formoterol or mometasone/formoterol. Wait 1-3 minutes. If there is no improvement, take additional puff(s) up to a maximum of 6 puffs **in route to emergency department.**
- If only albuterol is available, take puffs or nebulizer as often as need ed until help arrives or **in route to emergency department.**

I approve and give permission for school personnel to follow this asthma management plan of care for my child, contact my child's healthcare provider when needed, and administer medication per the healthcare providers orders. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. With HCP authorization & parental consent, the inhaler will be located: in clinic or with student (self-carry)

PARENT/Guardian Signature: _____ Date: _____

School nurse/Staff Signature: _____ Date: _____

SCHOOL MEDICATION CONSENT & HEALTH CARE PROVIDER ORDER

- Student has demonstrated the ability to safely and effectively self-carry and self-administer inhaled asthma medication.
- Student needs assistance & should not self-carry.

_____ Date _____

MD/DO/NP/PA signature