Bellevue School District

ASTHMA Individual Health Plan

Name:	_____	Birth Date:	_____	
School:	_____	Grade	_____	

Asthma: A condition where a person's airways become inflamed, narrow, and produce extra mucus which causes difficulty breathing.

EMERGENCY CARE PLAN

ASTHMA TRIGGERS:

☐ None known ☐ Animals
☐ Cold air ☐ Exercise
☐ Pollens ☐ Illness
☐ Smoke, odors
☐ Other: _____

USUAL ASTHMA SYMPTOMS:

☐ Cough ☐ Wheeze ☐ Shortness of breath
☐ Chest tightness ☐ Asking to use inhaler
☐ Other: _____

Medication is located:

☐ Health Room
☐ Classroom
☐ Self-Carry*

*The health care provider must provide specific authorization for a student to self-carry.

CALL 911 WHENEVER STUDENT WITH ASTHMA IS EXPERIENCING SEVERE BREATHING DIFFICULTY, OR SIGNS OF MEDICAL DISTRESS.

ADMINISTER MEDICATION AS DIRECTED

- If inhaler is new or hasn't been used in 2 weeks, prime the inhaler (4 puffs). If using Xopenex prime the inhaler (4 puffs) if it hasn't been used in 3 days. Do NOT prime Respiclick.
- If student is very short of breath, has difficulty walking or talking, lips/mouth/nails are blue and quick relief medication is NOT working: **CALL 911.**

MEDICATION ORDERS: *Can be filled out by licensed health care provider; MD, DO, ND, DMD, DC, PA, ARNP, CNM.*
IHP can be filled out by School Nurse based on BSD "Medication Authorization Form – 3416P Exhibit A" or other completed provider orders.
**In accordance with RCW 18.79.040, if a registered nurse is on site, they may utilize the nursing process, which includes assessment, specialized knowledge, judgment, and skill in determining plan of care or treatment.*

MEDICATION, Health Care Provider, please choose one: ☐Albuterol (Proair®, Ventolin®, Proventil®, ReliOn Ventolin®)
☐Proair RespiClick ☐Levalbuterol (Xopenex) ☐Other: _____ ☐Uses spacer

DOSING: _____puffs every _____ hours as needed for symptoms.
(May cause shakiness, jitteriness, increased heart rate)

☐May repeat _____ puffs of quick relief medication in _____ (specify duration) if symptoms have not improved.

EXERCISE PRE-TREATMENT:

☐No exercise pre-treatment needed.

☐May give _____ puffs of quick relief inhaler _____ minutes prior to:

☐PE ☐ Recess

SELF CARRY, HEALTH CARE PROVIDER please check one box & sign below *(BSD staff has been trained to assist with medication administration):*

☐ **YES**** student may SELF CARRY. ☐ **YES**** student may SELF ADMINISTER.

****Checking "Yes"** indicates that student has been thoroughly instructed in the purpose and appropriate method/frequency of use and/or safe carrying and/or administration of medication. Student/parent/guardian/provider understand the responsibilities of self-carrying and self-administering at school. *Middle and high school students are encouraged to self-carry and self-administer medication as possible.*

☐ **NO**, student MAY NOT self carry. ☐ **NO**, student MAY NOT SELF ADMINISTER.

PROVIDER- PLEASE SEE BELOW FOR AUTHORIZATION AND SIGNATURE

Licensed Health Care Provider's signature:	Date:		Phone:	
_____ *Signature authorizes medication for length of school year*	School year:		Fax:	

PARENT/GUARDIAN/STUDENT (age 18 and older) RESPONSIBILITIES:

- I will notify the school nurse of any changes in health status or healthcare provider instructions.
- I will keep track of expiration dates for the medication(s) and replace if expired or used.
- I will provide prescription medication(s) in original pharmacy container labeled with student name, medication name, strength of medication, dose, and time of administration OR I will provide non-prescription medication in the original container with the student name.
- I understand for "self-carrying" medication, back-up medication in the health room is recommended.
- Students who "self-carry" medication are responsible for carrying medication during school and for all school clubs, activities, sports, field trips.
- If my student attends extended day/childcare, clubs before- and after-school, evening, and summer activities, I will notify the program director of my student's medication and health care needs.

PARENT/GUARDIAN/STUDENT (age 18 and older) - Please check only one box & sign below:

☐ I request that I/my student be allowed to **self-carry and/or self-administer this medication**.

☐ If I do not/my student DOES NOT self-carry, I request that the authorized/trained person(s) at school assist me/my student in taking the medicine(s) described above.

If I/my student has permission to SELF-CARRY and/or SELF-ADMINISTER THIS MEDICATION I/my student understands the responsibility of self-carrying medication at school and recognizes the school will not track compliance, expiration, or amount.

I agree to hold harmless and indemnify the school and Bellevue School District's officers, employees, and agents against all claims, judgments, or liabilities arising out of any injury resulting from reasonable and prudent administration of medication, the reasonable performance of health care procedures, or the liabilities arising out of self-administration and self-carrying of medication by my student/me. BSD staff have been trained to assist with medication administration.

I accept this Individual Health Plan. *My signature gives permission for exchange of information between the School Nurse and the Health Care Provider regarding this medication order.*

Parent/Guardian/Student (age 18) signature: _____	Date:		Phone:	

INDIVIDUAL CONSIDERATIONS

Classroom: Teacher to inform substitute teachers of the student's Individual Health Plan

Field Trip Procedures: Students who self-carry are responsible for their own medication. Medication and IHP will accompany student during any off-campus activity.

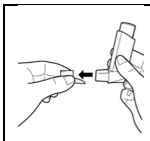
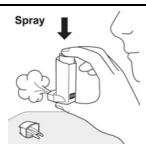
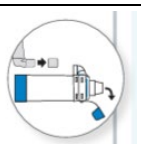
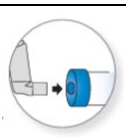
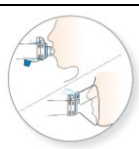
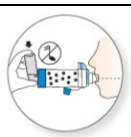
School Nurse: Will notify teachers, other school staff, transportation, and nutrition services of student's IHP

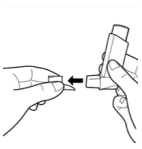
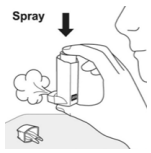
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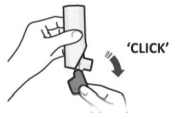
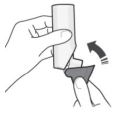
School Nurse: _____	Email:	_____@bsd405.org	Phone:	425-456-_____
			Fax:	425-456-_____

Updated 2/23/26

RESCUE INHALER DIRECTIONS

						
INHALER + SPACER 1. Remove the cap from the mouthpiece. Shake inhaler well.	2. Prime the inhaler if it hasn't been used in: *14 days - Albuterol* *3 days – Xopenex* Shake and spray 1 puff into air. Repeat for a total of 4 times.	3. Remove mouthpiece cap from spacer	4 Insert inhaler info the back of the chamber.	4. Insert mouthpiece into mouth or apply facemask to face.	5. Press the inhaler, breathe in closely and hold your breath for 5-10 seconds or breathe 2-3 times (For mask- count for 5-6 breaths). Then remove chamber from mouth and breathe normally.	6. Wait 1 minute. Shake inhaler and repeat steps 4-5 as directed.

					
INHALER 1. Remove the cap from the mouthpiece. Shake inhaler well.	2. Prime the inhaler if it hasn't been used in: *14 days - Albuterol* *3 days – Xopenex* Shake and spray 1 puff into air. REPEAT for a total of 4 times.	3. Hold the inhaler with the mouthpiece down.	4. Breathe out through your mouth and push as much air from your lungs as you can.	5. Put the mouthpiece into your mouth and close lips around it. Push the top of the metal canister firmly while you breathe in deeply and slowly through your mouth. Remove from mouth and hold your breath for 10 seconds. Breathe out slowly.	6. Wait 1 minute. Shake and repeat steps 3-5 as directed.

				
DRY POWDER INHALER 1. Hold the inhaler upright and open the red cap until you feel/hear a "click".	2. Exhale/breathe out through mouth and push as much air from your lungs as possible.	3. Put mouthpiece in mouth and close lips tightly around it. Breathe in quickly and deeply. Remove inhaler from mouth and hold breath for about 10 seconds. Breathe normally.	4. Close red cap firmly over mouthpiece. Repeat steps 1-3 as directed.	5.Wait 1 minute. Repeat steps 1-4 as directed.

See also BSD Policy/Procedures: 2410 Student Health; 3411 Life Threatening Health Conditions; 3413 Student Immunization and Life-Threatening Health Conditions; 3416 Medication at School; 3418 Emergency Treatment; 3419 Self-Administration of Asthma and Anaphylaxis Medication; 3420 Anaphylaxis Prevention

Other resources: https://www.aerochambervhc.com/instructions-for-use; https://www.lung.org/getmedia/077e6952-e7c3-41ea-8193-73256f5aed37/RespiClick-one-pager.pdf?ext=.pdf; https://www.nhlbi.nih.gov/sites/default/files/publications/How-to-Use-a-Metered-Dose-Inhaler_21-HL-8165.pdf