

Child's picture
Face only

RESPIRATORY Medical Action Plan (MAP)

Name: _____ School: _____

Date of birth: _____ Age: _____

Grade: _____ Teacher: _____

This MAP is validated with signatures and dates, by both the licensed health care provider (Doctor of Osteopathic Medicine, D.O., Medical Doctor, M.D., Nurse Practitioner, N.P., or Physician Assistant, P.A.), and a parent/legal guardian. Recommended orders for medical interventions within this treatment plan, will expire at the end of the 2026-2027 school year.

CONTACT INFORMATION

Call First:	Call Second:	Call Third:
Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Phone 1:	Phone 1:	Phone 1:
Phone 2:	Phone 2:	Phone 2:
Email:	Email:	Email:

PARENT/GUARDIAN CONSENT

I, (parent/guardian), _____, request that my child, _____, receive the attached medical management at school, according to standard school policy. I authorize consent to the ordering licensed health care provider staff and school to share information, as needed, to clarify orders and to assist with my child's health care needs. I agree to have the information, in this entire plan, shared with individuals that need to know. Also, I give permission to use my child's picture on this plan (if I did not supply a photo).

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

Bus # _____

Driver: _____

Route # _____

Medical File _____

Transportation Office Use ONLY if needed



RESPIRATORY MEDICAL ACTION PLAN

Oxygen, Suctioning, Tracheostomy, and/or Ventilator Care

STUDENT
PHOTO

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH (MM/DD/YYYY)
SCHOOL			GRADE

Tracheostomy Tube

Type / Brand: _____ Size: _____
☐ Cuffed ☐ Uncuffed ☐ Fenestrated ☐ Unfenestrated ☐ Other: _____

HEALTH CARE PROVIDER AUTHORIZATION

(Please use medication administration authorization form, as applicable)

- ☐ **Emergency kit / "Go-bag"** (It is the parent/guardian's responsibility to provide supplies and keep the kit updated.)
☐ Emergency kit available at school daily ☐ Other: _____
- ☐ **Utilize a humidification device.**
Type: _____ Time(s) to be used: _____
- ☐ **Apply a speaking valve.** *ONLY USE A SPEAKING VALVE WHEN A CUFF IS DEFLATED AND/OR FENESTRATED. SPEECH VALVES ONLY LET AIR IN, NOT OUT.
Type: _____ When to wear: _____
- ☐ **Perform oral, nasal or tracheostomy tube suctioning, to maintain patent airway.**
Time(s) to perform suctioning: ☐ As needed ☐ Other: _____
Suction machine setting: _____ mmHg Recommended suctioning depth: _____ mm
Suction technique: ☐ Clean ☐ Sterile Catheter Size: _____
Replace catheter: ☐ After each use ☐ At the end of the day
- ☐ **Provide tracheostomy tube site care.**
Time(s) dressing should be changed: _____
Dressing type: _____ Topical ointment application: _____
Other: _____
- ☐ **Replace tracheostomy tube if it becomes dislodged or plugged with the type and size specified above or one size smaller.**
- ☐ **Monitor ventilator functioning using the following ventilator settings:**
• Mode: _____
• Inspiratory Time: _____ seconds • Respiratory Rate: _____ breaths per minute
• Tidal Volume: _____ mL • Pressure support (Above PEEP): _____ cmH2O
• PEEP: _____ cmH2O • FIO2: ☐ 21% room air ☐ Other: _____
• High Alarm: _____ cmH2O • Low Alarm: _____ cmH2O
- ☐ **Administer oxygen.**
Keep SpO2 greater than: _____ %
Administer oxygen: _____ liters per minute from portable oxygen tank kept at school
Administer oxygen using: ☐ Nasal canula ☐ Simple face mask ☐ Partial rebreather mask
☐ Tracheostomy mask or direct connection ☐ Ventilator oxygen adapter and tubing
- ☐ **Other nursing orders:**

LICENSED HEALTH CARE PROVIDER (PRINTED)

TELEPHONE NUMBER

LICENSED HEALTH CARE PROVIDER SIGNATURE AND CREDENTIALS

DATE



ROCHESTER COMMUNITY SCHOOLS

Medication Procedures (as per standard school policy)

- Medication authorization is for the current school year only and will expire at the end of the school year.
- Only one medication per form. A separate form is required for each medication, each school year.
- Written authorization with medication order completed, signed by the student's authorized healthcare provider and a parent/guardian, is required before any medication can be given at school. Medications include prescription, and non-prescription over-the-counter, including but not limited to: homeopathic, herbal, vitamin, mineral preparation, topical creams or ointments, eye or ear drops, transdermal patches, nasal sprays or mists.
- Medication administration during school hours will be permitted only when failure to do so will jeopardize the health of a student, or the student would not be able to attend school if the medication or treatment were not available during school hours. Parents/legal guardians are urged to administer medication at home and on a schedule, other than school hours, if possible.
- Medication must be brought to school by the student's parent/legal guardian, unless the student has been authorized to self-carry the medication. The district reserves the right to determine that a student may not self-carry for any reason.
- Medication must be administered by an adult in the presence of a second adult, unless the medication is administered by a licensed registered professional nurse or there is an emergency that threatens the student's life or health.
- Parent/legal guardian will ensure that an adequate amount of medication is on hand at the school for the duration of the student's need to take medication, and responsible for checking the need for refills, including expired medications, and replenishing medication to the school in a timely manner.
- All medication must be in a container as prepared by a pharmacy, authorized healthcare provider, or pharmaceutical company, and clearly marked with the student's name, the name of the medication, the prescribed dose, time and frequency of medication administration and special instructions, if any.
- All controlled substance medication will be counted and recorded in the presence of the parent/legal guardian when brought to school.
- Changes in dosage, frequency, or time of administration cannot be made without written instruction from an authorized healthcare provider.
- Designated staff will be responsible for storage, administering medication and notifying parent/legal guardian, in the event that a student refuses medication.
- Medication left over at the end of the school year, or after a student has left the district shall be picked up by the parent/legal guardian. Any medication not retrieved by the parent/legal guardian will be properly disposed of within 7 days of the last student day of school and documented by the individual who is responsible for administering medication.