



School Asthma Action Plan - 1

Mpango Kazi wa Pumu wa Shule - 1

COLUMBIA PUBLIC SCHOOLS

Administration Building · 1818 W. Worley Street ·
Columbia, MO 65203

Jina la Mwanafunzi: _____ Nambari ya Mwanafunzi: _____

Student Name

Student Number

Mwalimu/Timu: _____ Shule: _____

Teacher/Team

School

1. Vichochezi vinvyoweza kuanza kama tukio kwa mwanafunzi huyu? Triggers that might start an asthma episode for this student.

- | | | | |
|---|---|--|--|
| ☐ Mba ya Wanyama
/Animal Dander | ☐ Moshi wa sigara, harufu
Kali /Cigarette smoke,
strong smells | ☐ Mende / Cockroaches | ☐ Mihemko (unapokasirishwa)/
Emotions (when upset) |
| ☐ Zoezi /Exercise | ☐ Mzio wa chakula / Food
Allergy | ☐ Inakera / Irritants | ☐ Ukungu / Molds |
| ☐ Poleni /Pollens | ☐ Maambukizi ya
kupumua / Respiratory
Infections | ☐ Mabadiliko ya Halijoto
/ Temperature Changes | |
| ☐ Nyingine /Other _____ | | | |

2. Udhhibiti wa mazingira ya shule. Control of the school environment

- _____ Hatua za kimazingira kudhibiti vichochezi shuleni. _____
Environmental measures to control triggers at school.
- _____ Dawa za awali (kabla ya mazoezi, kwaya, bendi, nk) _____
Pre-medications (prior to exercise, choir, band, etc.)
- _____ Vizuizi vya lishe. Dietary restrictions _____

3. Ufuatiliaji wa kilele cha mtiririko. Peak flow monitoring

_____ Fuatilia FEV1 au mtiririko wa kilele Monitor FEV1 or peak flow:

Mtiririko bora zaidi wa kilele wa kibinafsi _____ Nyakati za ufuatiliaji _____
Personal best peak flow Monitoring times

4. Ratiba ya kawaida ya pumu na dawa za mzio. Routine asthma and allergy medication schedule

Jina la Dawa Medication Name	Kipimo/Marudio Dose/Frequency	Wakati wa Kusimamia When to Administer	
		Nyumbani At Home	Shuleni At School

5. Safari za shambani - Dawa na vifaa vya Pumu lazima viambatane na mwanafunzi katika safari zote za uwanjani. Mfanyikazi lazima aelezwe juu ya matumizi sahihi ya dawa za pumu na aje na nakala ya Mpango wa Utekelezaji wa Pumu na nambari za simu za mawasiliano. Field trips - Asthma medications and supplies must accompany student on all field trips. A staff member must be instructed on correct use of the asthma medications and bring a copy of the Asthma Action Plan and contact phone numbers.

Mawasiliano ya Mzazi _____
Parent Contact

Mawasiliano ya Dharura _____
Emergency Contact

Nambari ya Mzazi _____
Parent Number

Nambari ya Dharura _____
Emergency Number



School Asthma Action Plan - 2

Mpango Kazi wa Pumu wa Shule - 2

COLUMBIA PUBLIC SCHOOLS

Administration Building · 1818 W. Worley Street ·
Columbia, MO 65203

Jina la Mwanafunzi: _____ Nambari ya Mwanafunzi: _____
Student Name Student Number
Mwalimu/Timu: _____ Shule: _____
Teacher/Team School

Hatua ya haraka inahitajika wakati mwanafunzi anaonyesha upungufu wa kupumua na mojawapo ya dalili zifuatazo za shida ya kupumua. Tibu dalili kila wakati hata kama FEV1 au mita ya mtiririko wa kilele haipatikani. *Immediate action is required when the student exhibits shortness of breath and any one of the following signs of respiratory distress. Always treat symptoms even if a FEV1 or peak flow meter is not available.*

- | | |
|---|--|
| ✓ Kikohozi kikubwa / Severe cough | ✓ Kueneza kwa O ₂ < 90% / O ₂ saturation < 90% |
| ✓ Fadhaa / Agitation | ✓ FEV1 au PEF < 70% ilitabiriwa. / FEV1 or PEF < 70% predicted. |
| ✓ Kukaza kwa kifua / Chest tightness | ✓ Kunyonya kwa ukuta wa kifua / Sucking in of the chest wall. |
| ✓ Kupumua kwa kina, kwa haraka / Shallow, rapid breathing | ✓ Ugumu wa kupumua wakati wa kutembea. / Difficulty breathing when walking |
| ✓ Kupumua / Wheezing | ✓ Ugumu wa kupumua wakati wa kuzungumza. / Difficulty breathing when talking |
| ✓ Mapigo ya moyo > 120 / Pulse > 120 | ✓ Kupungua au kupoteza fahamu. / Decreased or loss of consciousness |
| ✓ Kupumua kwa haraka, kwa shida / Rapid, labored breathing | |
| ✓ Bluu ya kucha na midomo. / Blueness of fingernails & lips | |
| ✓ Inapendelea kukaa / Prefers sitting | |

HATUA ZA KUCHUKUA WAKATI WA KIPINDI CHA PUMU

Steps to Take During an Asthma Episode

1. Piga simu kwa EMS (911) ikiwa mwanafunzi hatajibu marudio ya dawa yake ya awali ya usaidizi wa haraka na anaendelea kuonyesha upungufu wa kupumua na ishara moja au zaidi ya hapo juu ya shida ya kupumua. */Call EMS (911) if the student does not respond to a repeat of his/her initial quick relief medication and continues to exhibit shortness of breath and one or more of the above signs of respiratory distress.*
2. Anzisha Usimamizi wa CPS wa Itifaki ya Kuongezeka kwa Pumu / Kupumua. Albuterol 2.5 mg/Ipratropium 0.5 mg (Duoneb®) itasimamiwa kupitia nebuliza kwa kila kinyago cha uso. (zinazotolewa na shule) */Initiate CPS Management of Asthma / Respiratory Exacerbations Protocol. Albuterol 2.5 mg/Ipratropium 0.5 mg (Duoneb®) will be administered via nebulizer per face mask. (provided by school)*
3. Mjulishe mzazi kuwa EMS imearifiwa na itifaki imeanzishwa. */Notify parent that EMS has been notified and protocol has been initiated.*

IDHINI YA MZAZI KWA USIMAMIZI WA PUMU SHULENI

Parent Consent for Management of Asthma at School

Mimi, mzazi au mlezi wa mwanafunzi aliyetajwa hapo juu, naomba Mpango Kazi huu wa Pumu wa Shule utumike kuongoza utunzaji wa pumu kwa mtoto wangu. nakubali: *I, the parent or guardian of the above-named student, request that this School Asthma Action Plan be used to guide asthma care for my child. I agree to:*

1. Toa dawa na vifaa vyote muhimu vya kibinafsi (mirija, barakoa, spacer, n.k.). *Provide all necessary personal medications and supplies (tubing, mask, spacer, etc.).*
2. Mjulishe muuguzi wa shule kuhusu mabadiliko yoyote katika hali ya afya ya mwanafunzi. *Notify the school nurse of any changes in the student's health status.*
3. Ruhusu muuguzi wa shule kuwafahamisha wafanyakazi wanaofaa wa shule wanaowasiliana moja kwa moja na mtoto wangu kuhusu mahitaji yake ya kupumua akiwa shuleni. *Allow school nurse to inform appropriate school staff interacting directly with my child of his/her respiratory needs while at school.*

Sahihi ya Mzazi/Mlezi wa Kisheria _____
Parent/Legal Guardian Signature
Imekaguliwa na Muuguzi wa Shule _____
Reviewed by School Nurse

Tarehe _____
Date
Tarehe _____
Date

Teachers: *If you have any information that would warrant consideration for special education and related services, in addition to the Individual Health Plan or other mitigating measures being implemented, contact the nurse to submit a referral under IDEA or Section 504.*