

ASTHMA HEALTH CARE PLAN

Student's Name: _____

Date of Birth: _____

School/Grade: _____ ID #: _____ Age when asthma diagnosed: _____

List all routine daily medications (name of medication, dose, and times given):

TRIGGERS: (Check those which apply to this student)

- | | | |
|---|---|---|
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Emotions (when upset) | <input type="checkbox"/> cigarette smoke, smog, strong odors (paint, markers, perfumes, sprays) |
| <input type="checkbox"/> Colds (viral illness) | <input type="checkbox"/> Irritants: Chalk dust, dust, | <input type="checkbox"/> Pollens (trees, grasses, and weeds) |
| <input type="checkbox"/> Weather changes | <input type="checkbox"/> Molds | <input type="checkbox"/> Dust and dust mites |
| <input type="checkbox"/> Cold air weather changes | <input type="checkbox"/> Animal dander -Type: _____ | |
| <input type="checkbox"/> Other _____ | | |

SYMPTOMS OF RESPIRATORY DIFFICULTY: any or all of the following

INTERVENTION: Always treat symptoms even if peak flow is not available.

- Coughing • Chest Tightness • Shortness of Breath • Turning Blue • Wheezing • Rapid, labored breathing
- Pulling in of skin around neck muscles, above collar bone, between ribs and under breast bone
- Difficulty carrying on a conversation due to difficulty breathing • Difficulty walking due to breathing problems
- Shallow, rapid breathing • Blueness (cyanosis) of fingernails and lips • Decreasing or loss of consciousness
- Other _____

Peak flow meter: Yes ___ No ___

Spacer: Yes ___ No ___

CALL 911 IF THE FOLLOWING OCCUR /PERSIST AFTER IMPLEMENTING INTERVENTIONS AS STATED ON THIS ASTHMA HEALTH PLAN

Instructions for Staff:

- Have student stop whatever they are doing
- Send the student to the clinic when experiencing respiratory difficulty as described above

If student has been given permission to self-medicate with their inhaler, allow student to use inhaler according to the following directions:

Directions for self-medication:

_____ (initial if applicable). Signatures of the parent/guardian and the physician(see reverse side) indicate that both agree the above named student has been instructed on proper use of his/her inhaler and is capable of assuming responsibility for using this medication at his/her discretion. Irresponsible or inappropriate use of the inhaler and/or failure to follow the Health Care Plan by the student will require a reassessment of the permission to self medicate.

Field Trips:

- Medications and peak flow meter MUST accompany student on all field trips.
- A copy of this Health Care Plan and current phone numbers MUST be with staff member
- Teacher Must be instructed on correct use of asthma medications

(Emergency contact information and Peak Flow Meter Guidelines on reverse side)

