ASTHMA

Health Care/Emergency Plan

Luverne Public Schools
Health Services
Phone: 507-283-4497/4491
Fax: 507-283-9681

STUDENT INFORMATION:

STUDENT:________________________________ SCHOOL:________________________________
DATE OF BIRTH: ________________________________ GRADE: ________________________________

CONTACTS:
Parent/Guardian: ________________________________ Home phone: ________________________________
Work: ________________________________ Cell/Pager: ________________________________
Physician/Clinic: ________________________________ Phone: ________________________________
Emergency Contact:________________________________ Phone: ________________________________

DAILY ASTHMA MANAGEMENT PLAN

- **Identify the things which start an asthma episode** (Check each that applies to the student.)

  - ☐ Exercise
  - ☐ Respiratory infections
  - ☐ Change in temperature
  - ☐ Animals
  - ☐ Food____________________
  - ☐ Strong odors or fumes
  - ☐ Chalk dust
  - ☐ Carpets in the room
  - ☐ Pollens
  - ☐ Molds
  - ☐ other________________
    ____

  Comments____

- **Control of School Environment**

  (List any environmental control measures, pre-medications, and /or dietary restrictions that the student needs to prevent an asthma episode.)
  ____
  ____
  ____

- **Peak Flow Monitoring**

  Personal Best Peak flow number____
  Monitoring Times:______________________ ______________________ ______________________

- **Daily Medication Plan**

	Name	Amount	When to use
1.			
2.			
3.			
4.			

- **Field Trip Plan** ____

LSN USE ONLY: Completed assessment of student's knowledge and skills to safely use and possess an inhaler in the school setting. Date _____________ Signature ____

EMERGENCY PLAN

Emergency action is necessary when the student has symptoms such as____________________,_________________, ____________________,___________________or has a peak flow reading of_________________________________.

- **Steps to take during an asthma episode:**

1. Give medications as listed below.
2. Have student return to classroom if____
3. Contact parent if____
4. Seek emergency medical care if the student has any of the following:

- ✓ No improvement 15-20 minutes after initial treatment with medication and a relative cannot be reached.
- ✓ Peak flow of ____________________
- ✓ Hard time breathing with:
  - Chest and neck pulled in with breathing
  - Child is hunched over
  - Child is struggling to breathe
- ✓ Trouble walking or talking
- ✓ Stops playing and can't start activity again.
- ✓ Lips or fingernails are gray or blue

- **Emergency Asthma Medications**

	Name	Amount	When to Use
1.			
2.			
3.			

FOR INHALED MEDICATIONS

☐ I have instructed__________________________in the proper way to use his/her medications. It is my professional opinion that________should be allowed to carry and use that medication by him/herself.

☐ It is my professional opinion that____________________should not carry his/her inhaled medication by him/herself.

____ ________________________________

Physician Signature Date

☐ I give the Licensed School Nurse permission to consult (both verbally and in writing) with the above named student's physician regarding any questions that arise about the medical condition and/or medications/treatment/procedures being used to treat the condition.

I request that medication be given during school hours as ordered by this student's physician/licensed prescriber. I also request the medication be given on field trips, as prescribed. I give permission for the medication to be given by the designated personnel as delegated by the school nurse.

I release school personnel from liability in the event adverse reactions results from taking the medication. I will notify the school of any change in the medication, (ex: dosage change, medication is discontinued).

I give permission for the school nurse to share this information with staff in the school district whose jobs require access to this information to ensure your child's safety and school success.

____ ________________________________

Parent Signature Date

The school district intends to use the requested information to provide for your child's health and safety needs while at school and being transported to and from school. You may refuse to supply the requested personal information. There will be no consequence for not providing the information, but it may result in an incomplete health and safety plan for your child.

5/2007