

STUDENT NAME: _____
 ADDRESS: _____
 PARENT: _____
 PH #: _____ ALT PH #: _____

DOCTOR: _____
 PH #: _____ FAX: _____
 DOB: _____

GRADE: _____ TEACHER: _____

ALLERGIES: _____ Student has Allergy EAP

ADDITIONAL HEALTH CONCERNS/MEDICAL DX: _____

1. EMG. CONTACT: _____ PH #: _____ ALT PH #: _____
 2. EMG. CONTACT: _____ PH #: _____ ALT PH #: _____

Describe "typical" warning symptoms for this student:

- No information available. Monitor for any symptoms described below:
 More student specific information about plan of care provided on page 2.

Warning Symptoms

Moderate difficulty:

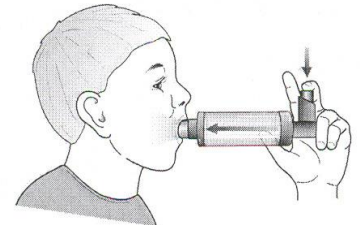
- Coughing
- Wheezing
- Chest Tightness
- Shortness of Breath
- Waking at night due to asthma
- Inability to do usual activities

Severe difficulty:

- Very short of breath
- Nasal Flaring
- Intercostal retractions
- Quick-relief medications have not helped
- Inability to do usual activities
- Symptoms are same or get worse after 24 hours of moderate difficulty

Emergency Care

- 1) Do not leave student alone.
- 2) Consider calling MERT and 9-1-1
- 3) Call School Nurse (_____) and parent
- 4) Provide treatment as prescribed by doctor:
 - Give medication _____ stored in _____
 - Give medication _____ stored in _____
 - Follow Albuterol Emergency Protocol
- 5) Consider limiting activity and/or outdoor recess
- 6) Student should assume a resting position (however the student finds it most comfortable to breathe)
- 7) If breathing stops, provide CPR
- 8) Complete an Accident/Incident Report if 9-1-1 is called.



Transportation and Field Trips

need to accompany on field trip:

During field trips provide care as described EXCEPT:

School Nurse _____ Cell/pager _____ Phone _____
 Back up Nurse _____ Cell/pager _____ Phone _____

Student Name _____

Birthdate _____

Asthma is a chronic, or long-term, disease that inflames and narrows the airways of the lungs. Asthma causes a variety of symptoms that can worsen at any time, making breathing difficult. Unfortunately, there is no cure for asthma. Even when you are not having symptoms, there is still inflammation in the lungs. However, by working closely with the healthcare provider to manage asthma, it is possible to get symptoms under control.

1. Follow Asthma Management Plan from the doctor.
 - Asthma Management plan is available and attached:
 - Medication/Treatment order is available and attached:
 - **Emergency medications must be readily accessible and available at all times!**
 - Treatment Schedule at School:
 - May pretreat ____ minutes prior to physical activity

2. Student's history of asthma:

3. Other Considerations
 - Evaluate need for use of strong chemicals, such as those used in cleaning or laboratory assignments

4. Avoid triggering stimuli if possible.

Triggering Stimuli include:

- | | |
|---|---|
| <input type="checkbox"/> Animals
<input type="checkbox"/> Dust
<input type="checkbox"/> Pollen
<input type="checkbox"/> Mold
<input type="checkbox"/> Foods
<input type="checkbox"/> Smoke | <input type="checkbox"/> Strong Smells
<input type="checkbox"/> Exercise
<input type="checkbox"/> Upper Respiratory Infections
<input type="checkbox"/> Cold air/weather changes
<input type="checkbox"/> Emotions
<input type="checkbox"/> Other: |
|---|---|

5. Present Level of Functioning
Student is:
 - able to identify and avoid triggers:
 - able to recognize and communicate early warning signs:
 - able to self administer medication:

6. Goals:

Nurse Signature _____ Care Plan developed on _____