



Asthma Guidelines for Schools

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Asthma Guidelines for Schools

Purpose

The purpose of the Asthma Guidelines for Schools is to provide information that will ensure that school administrators, school health personnel, teachers and support staff understand how to monitor asthma control in the school setting. This can be accomplished if every student with asthma has a care plan and an emergency plan on file and it is updated annually. Additionally, we hope that these guidelines will help to identify students with poorly controlled asthma, so that parents can be encouraged to follow-up with the student's primary care physician or other health care provider.

Introduction

Asthma is a chronic inflammatory disorder of the airways that affects over 6 million children in the United States. In susceptible individuals, this inflammation causes variable airflow obstruction (abnormal showing of airflow in and out of the lungs) that is responsible for recurrent episodes of coughing, wheezing, breathlessness and chest tightness.

Every child is different. Likewise in children with asthma, every child's asthma is different. For school children with asthma, the current practice is to divide this illness into two age groups – 5-11 years old and ≥ 12 years old and into four levels of progressive severity in terms of its daily effects. There are also six progressive treatment levels. **The goal of asthma therapy is asthma control** – to **reduce impairment and risk**. Impairment is determined by the frequency and severity of the asthma symptoms as well as activity limitations. Poor asthma control includes the likelihood of acute care, poor lung growth and medication side effects.

In the school setting, asthma control is accomplished through the avoidance of triggers in the environment and the child's medication regimen. Asthma triggers include mold, mildew, dust, animal dander, strong odors, chemicals, diesel fumes as well as other substances and conditions specific to the child with asthma. While some environmental changes can be made to help prevent asthma symptoms, the control of asthma is chiefly accomplished by the use of controller medications on a regular schedule and/or rescue medications as needed for sudden symptoms or "attacks". Note that in other documents you may see controller medications referred to as maintenance medications or prevention medications. Rescue medications may be referred to as quick-relief medications. Since controller medications are long acting, they will usually be given at home or in special situations on a daily basis at school. If control is ideal, the child will generally not have symptoms at school. In reality, for many children rescue medications will need to be given at school for exacerbations of symptoms.

The specific care and administration of medication are detailed in each child's Individualized Asthma Care Plan (IACP). Each IACP is specific to that child. This is a written document from the child's health care provider that should be updated at least annually. It should be available at home, school and at any after school programs in which the child with asthma participates. There are several Asthma Care Plan templates that can be utilized (see appendix A).

Asthma Management: Recommended District-Level Policies and Procedures

1. Require parent/guardian of student with asthma to provide the following updated documents at the beginning of each and every school year before the child is allowed to attend:

- Individualized Asthma Care Plan signed by a Medical Provider (Physician, Nurse Practitioner, Physician's Assistant)
- Emergency Care Plan
- Medication Sheet(s) for all medicines used by student during the school day
- Parent or guardian contact information for emergencies during the school day as well as two back-up individuals
- Written parental permission/request for students who will self-administer and carry inhalers on school grounds

2. Medication Administration Assignments:

- Assign one teacher volunteer for each grade level to be responsible for medication administration during field trips
- Assign two back-up staff to cover medication and health office duties when the school nurse or health clerk is unavailable

3. Provide Staff Training via school nurse or other community resources:

- General Asthma Disease Training at least once annually with the following curriculum (minimally)
 - Warning signs of respiratory distress
 - School-wide plan for responding to an asthma emergency
 - Never leave a student with asthma, who complains of symptoms, alone
 - Never send a student with asthma, who complains of symptoms, to the nurse or office alone
 - Create an asthma friendly environment in the classroom

Responsibilities

A. School Administrator

- Require parent or guardian of student with asthma to provide the following updated documents at the beginning of each and every school year before child is allowed to attend:
 - Individualized Asthma Care Plan and Emergency Care Plan signed by a medical provider (Physician, Nurse Practitioner, Physician's Assistant)
 - Medication Sheet(s) for all medicines used by student at a school
 - Parent or guardian contact information for emergencies during the school day as well as two back-up individuals
 - A written parent request/permission for students who will self-administer and carry inhalers and/or epi-pens on school grounds
- Develop a district/site policy that ensures medication administration at your site/district is appropriate and follows state laws and regulations. (*Refer to pages 14-17 below*). Consult with your school or district nurse for assistance.*
- Be familiar with the legislation passed in 2005 that allows a student who has written parental consent to carry and self-administer handheld inhaler devices for breathing disorders in ARS 15:341-38 & 39 (Appendix B).
- Be familiar with the legislation passed in 2005 that requires school districts to adopt and enforce policies and procedures to allow pupils who have been diagnosed with anaphylaxis to carry and self administer emergency medications while at school and school-sponsored activities (ARS 15:341-38 & 39).
- Provide time for the school nurse, community liaison and/or parent(s) to educate staff about asthma and how to handle an asthma emergency. This can be done in staff meetings, duty aide meetings and/or during professional development days. You may get assistance from your school nurse, the American Lung Association (ALA) or the Asthma and Allergy Foundation of America (AAFA).*
- Provide an environmentally safe school building (see Healthy School Checklist in the resource section)
- Do not allow school buses, delivery trucks and cars to idle near the school. (See School Bus Idling DVD at www.azdeq.gov/function/about/bus.html)
- Custodial staff should cut grass and trim plants after school hours and not during sports activities or recess.
- Enforce smoking bans on school property.
- Provide health alerts and institute appropriate guidelines for indoor days to protect students from extreme temperatures, high pollen counts and high pollution or ozone levels that may adversely affect students with asthma (www.azdeq.gov/function/about/ceh.html).

* Refer to the Department of Education's school nurse website at: www.ade.az.gov/health-safety/health-nursing/

Note to Administrator:

School health services are most appropriately provided by professional licensed school nurses who are registered nurses (RN) in cooperation with parents and students. Schools utilizing unlicensed staff such as aides, clerks and/or paraprofessionals need to follow state laws and regulations. In Arizona, RN's may not delegate nursing care to unlicensed personnel. When the RN is not providing the care, assignments must be made by consensus of parent/guardian and the school administrator. Whenever unlicensed staff provide care, it is advisable for the parent/guardian to train, at least once annually, the specific staff providing asthma care. RN's employed by the district should be present at such trainings to provide expertise and other general information as needed. Parent/guardian should know who is providing care and be satisfied with the particular staff and their skill/knowledge level. Districts that do not employ RN's must rely on parent/guardian and community organizations for training when needed.

B. School Health Office Responsibilities

Registered Nurse

- Identify students with asthma based on emergency card and school health record information
- Provide a list of all students with asthma by classroom to each classroom teacher, front office and all specials teachers
- Provide a list of all students with asthma for each and every field trip to the designated teacher/adult providing medication and health needs during the fieldtrip
- Ensure that each student reporting a diagnosis of asthma has an *Individualized Asthma Care Plan, Emergency Care Plan, applicable Medication Sheets* and current *Emergency Contact Information*
- Monitor medication supplies and expiration dates of all inhalers and other medications. Alert parents to needed refills in a timely manner
- Meet with all students and respective parent/guardian who will self-carry and self-medicate at school to:
 - Ensure that written parental request/permission for student self-carry and self-medication is provided
 - Ensure that student understands to report to health office after each treatment
 - Ensure that parent or guardian and student understand that self-carry can be restricted/revoked if student is not following safe practices or appears to be medicating inappropriately
 - Inform students that they are never to loan or borrow medications
- Document each and every visit/encounter with student. Include date, time, reason for visit, assessment results, nursing interventions and any parental contact
- Contact student's physician if necessary to clarify or obtain an asthma action plan - make sure to obtain written permission from the parent/guardian prior to any physician contact
- Report uncontrolled or poorly controlled asthma to parent or guardian and the medical provider when permitted by parent or guardian (*See page 12 and 13 for assistance in determining level of asthma control*):
 - A student who uses their rescue inhaler or SVN more than twice weekly, while at school, signifies poorly controlled asthma (except in the case of exercise induced asthma – EIA).
- Provide general asthma management training to all teaching staff and support staff whenever possible. Work with school administrator to schedule time at staff meetings or beginning of the year training times
- Utilize available resources at the Arizona Department of Education's School Nurse Website: www.ade.az.gov/health-safety/health-nursing/

Health Aides/Clerks or unlicensed health office staff:

- Meet with parent or guardian at least once annually to:
 - Ensure that each student reporting a diagnosis of asthma has an *Individualized Asthma Care Plan, Emergency Care Plan, applicable Medication Sheets and current Emergency Contact Information*
 - Receive training from parent/guardian as to the care of their particular student
 - Ensure that parent/guardian is clear on your abilities and credentials

Never identify yourself as the school nurse unless you are a registered nurse or a licensed practical nurse. It is illegal to represent yourself as a nurse (ARS 32:1666) if you are not in fact a registered nurse or a licensed practical nurse.

- Identify students with asthma based on emergency card and school health record information
- Provide a list of all students with asthma by classroom to each classroom teacher, front office and all specials teachers
- Provide a list of all students with asthma for each and every field trip to the designated teacher or adult providing for medication and health needs during the fieldtrip
- Monitor medication supplies and expiration dates of all inhalers and other medications and alert parents to needed refills in a timely manner.
- Meet with all students and their parent or guardian who will self-carry and self-medicate at school to:
 - Ensure that written parental request/permission for student self-carry and self-medication is provided
 - Ensure that student understands to report to health office after each treatment.
 - Ensure that parent or guardian and student understand that self-carry can be restricted or revoked if student is not following safe practices or appears to be medicating inappropriately
 - Inform students that they are never to loan or borrow medications
- Document each and every visit/encounter with student. Include date, time, reason for visit, your actions or interventions and any parental contact
- Provide general asthma information or in-service to all teaching staff and support staff utilizing parent speakers or speakers from local asthma organizations - work with school administrator to schedule time at staff meetings or beginning of the year training times
- If student needs rescue medications or rescue inhalers twice a week or more at school, refer student and parent or guardian to consult their Medical Provider.
- Keep your CPR and First Aid certifications current

C. Parent/Guardian

- Provide school health staff with the child's Individualized Asthma Care Plan, Emergency Asthma Care Plan, Medication Sheets for each medicine your child will be utilizing during the school day and current Emergency Contact information
- Provide school health staff with the child's prescribed medication in original containers with original pharmacy labels
- Monitor medication supplies and expiration dates - supply school health staff with needed refills in a timely manner
- Provide school health staff with written request/permission if your child will self-carry and self-administer inhalers on school grounds
- Make sure that your child understands to report each and every self-medication to the health office staff
- Make sure your child understands and follows safe self-carry practices such as never sharing or borrowing inhalers
- Partner with school health staff in providing training applicable to your child's Individualized Asthma Care Plan
- Communicate with your child's teachers, bus drivers, coaches and others to ensure they understand and can respond effectively to your child's Asthma Care Plan, specific triggers and signs of severe distress
- Encourage your child's participation in exercise and sports while respecting their limits
- Collaborate with parent and teacher organizations and community groups to offer family asthma education at your school
- Advocate for healthy school environments by using the American Lung Associations *Asthma Friendly Schools Tool Kit* at www.lungusa.org

D. Student

- Notify an adult immediately when you experience symptoms
- If you carry your rescue inhaler with you, use your rescue inhaler immediately and then report to the health office.
 - You must always tell an adult when you have used your medication
 - Never share or borrow inhalers or other medicines
 - You may lose your self-carry/self-medicate privileges and be disciplined if you do not follow the above rules
- If you do not carry an inhaler, go to the school health office as soon as you experience symptoms after notifying your teacher or other adult
 - Always request to have a classmate or other person walk you to the health office
 - Do not walk to another classroom, lockers, the health office, or anywhere else alone when you are experiencing symptoms
- If you have exercise induced asthma, remember to take your rescue medication or inhaler 20 minutes before exercise or as recommended by your doctor (P.E., recess, any other strenuous activity) to prevent asthma symptoms.

E. Classroom and Specials Teachers

- Consult with your school nurse or health personnel for a list of all children with asthma and other health conditions in your classroom
- Be familiar with your role and responsibilities
 - Keep a copy of the student emergency action plan in your classroom – maintain confidentiality
 - Include this and other health information in the substitute teacher folder
 - Encourage students to inform you whenever they are experiencing asthma symptoms
 - Consider all breathing complaints seriously
 - Never send a student complaining of asthma or breathing problems to the health office or anywhere else by themselves
 - K-6 teachers should remind students to go to the school nurse for their medications
- Make sure you have a list of all children with asthma and those who are carrying inhalers and self-medicating
- Monitor self-carry students and send to health office with each use to report to the nurse or health personnel
- Make arrangements for field trip coverage - one adult staff member should be in charge of medications and health needs during field trips.
- Limit potential classroom triggers
 - Do not allow live animals in the classroom
 - Avoid heavy perfumes or strong smelling supplies such as glue or cleaning products
 - Avoid using aerosol-based products in the classroom
 - Keep dust and clutter to a minimum
- Communicate with parents or guardians about specific information for each child, especially during parent conferences
- Incorporate a discussion or lesson regarding lung health, including asthma, once a year in your classroom (See item G for education resources on page 12).

F. Other School Personnel (transportation, front office, specials teachers, coaches)

- Consider any and all complaints regarding breathing difficulties seriously
- Always send someone with a student having breathing problems when they are directed to the health office or some other location to obtain their medication or treatment
- Check with student to see if they have a rescue inhaler in their possession and have them use it immediately
- Initiate 911 immediately whenever student exhibits difficulty speaking, noisy breathing, persistent coughing, loss or change of consciousness, flaring of nostrils or if you are concerned.
- Obtain the student's Asthma Emergency Care Plan from the front or health office
- Ensure that student's medication or inhaler is in its original packaging with the pharmacy label indicating the student's name and physician
- Encourage participation in sports and other physical activity
- Recognize and respect student limitations in regards to physical activity

G. Resources

For additional information about asthma, asthma triggers, air quality and other important information go to the following websites:

www.azasthma.org – School nurse asthma curriculum – Power Point presentation, School Nurse Asthma Tool Kit, self-carry laws

www.adeq.gov – Air quality alerts, school bus idling DVD, Flag Program, pest control products

www.azdeq.gov/ceh/ - Arizona Department of Environmental Quality - Children's environmental health checklist

www.ade.gov – Arizona Department of Education

www.adhs.gov – Arizona Department of Health Services

Asthma Control: Rules of 2

The information in the charts below is adapted from National Heart, Lung and Blood Institute, NAEPP Expert Panel Report 3(EPR3: Guidelines for the Diagnosis and Management of Asthma. National Institute of Health, US Dept. of Health and Human Services, 2007

Asthma Control (Preschool or 0-4 years of age)

	Well Controlled	Not Well Controlled	Very Poorly Controlled
Symptoms	≤2 days/week	>2 days/week	Throughout the day
Nighttime Awakenings	≤1x/month	>1x/month	>1x/week
Interference with Normal Activity	None	Some Limitations	Extremely limited
Rescue Medication Use*	≤2days/week	>2 days/week	Several Times/Day

- Use of rescue medications for the control of Exercise Induced Asthma is excluded.

Asthma Control (Kindergarten – Sixth Grade or 5-11 years of age)

	Well Controlled	Not Well Controlled	Very Poorly Controlled
Symptoms	≤2 days/week but not more than once daily	>2 days/week or multiple times on ≤2 days/week	Throughout the day
Nighttime Awakenings	≤1x/month	≥2x/month	≥2x/month
Interference with Normal Activity	None	Some Limitations	Extremely limited
Rescue Medication Use*	≤ 2days/week	>2 days/week	Several Times/Day
Peak Flow Measurements	> 80% of personal best	60-80% of personal best	< 60% of personal best

- *Use of rescue medications for the control of Exercise Induced Asthma is excluded.

Asthma Control (Junior High and High School or 12 years of age or older)

	Well Controlled	Not Well Controlled	Very Poorly Controlled
Symptoms	≤2 days/week	>2 days/week	Throughout the day
Nighttime Awakenings	≤2x/month	1-3x/week	≥4x/week
Interference with Normal Activity	None	Some Limitations	Extremely limited
Rescue Medication Use*	≤ 2days/week	>2 days/week	Several Times/Day
Peak Flow Measurements	> 80% of personal best	60-80% of personal best	< 60% of personal best

* Use of rescue medications for the control of Exercise Induced Asthma is excluded.

Statutes

I. Self-Carry/Self-Administer Inhalers and/or Epi-Pens

HB 2229 Asthma Rescue Medication Bill - Signed 4/11/05

Allows a pupil with written parental request/consent to self-carry and self-administer handheld inhaler devices for breathing disorders and establishes an exemption from civil liability for school districts and employees who, in good faith, make decisions or take actions to implement these provisions.

Pupils with Anaphylaxis Carry and Self-Administer Emergency Medications SB 1309 - Signed 5/11/05

Requires school districts to adopt and enforce policies and procedures to allow pupils who have been diagnosed with anaphylaxis to self-carry and self-administer emergency medications while at school and school-sponsored activities. School districts and employees are immune from civil liability for all decisions made and actions taken in good faith to implement these provisions

Arizona Revised Statutes

15-341. General powers and duties; immunity; delegation

38. Prescribe and enforce policies and procedures allowing pupils who have been diagnosed with anaphylaxis by a health care provider licensed pursuant to title 32, chapter 13, 14, 17 or 25 or by a registered nurse practitioner licensed and certified pursuant to title 32, chapter 15 to carry and self-administer emergency medications including auto-injectable epinephrine while at school and at school sponsored activities. The pupil's name on the prescription label on the medication container or on the medication device and annual written documentation from the pupil's parent or guardian to the school that authorizes possession and self-administration is sufficient proof that the pupil is entitled to the possession and self-administration of the medication. The policies shall require a pupil who uses auto-injectable epinephrine while at school and at school sponsored activities to notify the nurse or the designated school staff person of the use of the medication as soon as practicable. A school district and its employees are immune from civil liability with respect to all decisions made and actions taken that are based on good faith implementation of the requirements of this paragraph, except in cases of wanton or willful neglect.

39. Allow the possession and self-administration of prescription medication for breathing disorders in handheld inhaler devices, by pupils who have been prescribed that medication by a health care professional licensed pursuant to title 32. The pupil's name on the prescription label on the medication container or on the handheld inhaler device and annual written documentation from the pupil's parent or guardian to the school that authorizes possession and self-administration shall be sufficient proof that the pupil is entitled to the possession and self-administration of the medication. A school district and its employees are immune from civil liability with respect to all decisions made and actions taken that are based on a good faith implementation of the requirements of this paragraph.

Summary of Provisions

- Requires school boards and districts to adopt policies and procedures allowing pupils who have been diagnosed with anaphylaxis, by a specified licensed health care provider, to self-carry and self-administer emergency medications, including auto-injectable epinephrine or epi-pens, while at school and school-sponsored activities.
- The policies adopted must require a pupil who uses auto-injectable epinephrine while at school and at school-sponsored activities to notify the nurse or the designated school staff person of the use of the medication as soon as practicable.
- Allows pupils who have been prescribed medication for the treatment of breathing disorders by their health provider to self-carry and self-administer prescription medications including inhaler devices.
- Requires that said medications are provided in their original containers with the pupil's name on the prescription label or on the medication device.
- Requires annual written permission from the parent or guardian of the pupil self-carry and self administration of these medications.
- Exempts school districts and employees from civil liability for all decisions made and actions taken in good faith to implement these provisions, except in cases of wanton or willful neglect.

II. Administration of Prescription, patent, or proprietary medications by school employees to students

15-344. Administration of prescription, patent or proprietary medications by employees; civil immunity; definition

A. The school district governing board and the charter school governing body shall establish policies and procedures governing the administration of a prescription medication or a patent or proprietary medication to students by employees. In the case of a minor student, such administration shall only occur on the written request or authorization of a parent or legal guardian.

B. A school district, a charter school or employees of a school district and a charter school are immune from civil liability for the consequences of the good faith adoption and implementation of policies and procedures pursuant to this section.

C. For the purposes of this section, "administration of a prescription medication or a patent or proprietary medication" means the giving of a single dose of medication or the giving of a treatment package in its original container.

Summary of Provisions

- Requires school boards and districts to adopt policies and procedures governing the administration of a prescription medication or a patent or proprietary medication to students by employees.
- Requires that said medications are provided in their original containers with the pupil's name and prescription label intact.
- Requires written request or authorization from the parent or guardian of the pupil.
- Offers immunity from civil liability to employees who in good faith implement the district policies and procedures.

III. Policies and Procedures concerning pupils with chronic health problems

15-346. Policies and procedures concerning pupils with chronic health problems; definition

A. The governing board shall adopt policies and procedures concerning pupils with chronic health problems in consultation with parents, teachers and at least one health professional. The policies and procedures shall be designed to provide continuing learning for pupils with chronic health problems while they are absent from school and to provide for the integration of pupils with chronic health problems into the regular education program as much as possible. The policies and procedures shall include provisions for:

1. Homework availability to ensure that pupils with chronic health problems have the opportunity to keep up with assignments and avoid losing credit because of their absence from school.
2. Flexibility in physical education activity requirements so that pupils with chronic health problems may participate in the regular physical education program to the extent that their health permits.

B. For the purposes of this section, "pupils with chronic health problems" means:

1. Pupils who are not homebound, but who are unable to attend regular classes for intermittent periods of one or more consecutive days because of illness, disease, pregnancy complications or accident as certified by a person who is licensed pursuant to title 32, chapter 7, 13 or 17 or a registered nurse practitioner who is licensed pursuant to chapter 15. If the child suffers from a condition requiring management on a long-term basis, the certification shall be made by a person licensed pursuant to title 32, chapter 13 or 17.
2. Pupils who have an infant with a severe health problem as certified by a person who is licensed pursuant to title 32, chapter 7, 13 or 17 or a registered nurse practitioner who is licensed pursuant to chapter 15.

Summary of Provisions

- Requires school boards and districts to adopt policies and procedures concerning students with chronic health problems.
- Policies and procedures will provide continuing learning for pupils with chronic health problems while they are absent from school and provide for the integration of pupils with chronic health problems into the regular education program as much as possible.

- Policies and procedures shall include homework and assignment availability as well as flexibility in any physical education requirement.
- Students with chronic health problems is defined as follows:
 - Not homebound but unable to attend regular classrooms for intermittent periods of one or more consecutive days due to illness, disease, injury and pregnancy complications.
 - Condition or injury is certified by a medical provider (person who is licensed pursuant to title 32, chapter 7, 13 or 17 or a registered nurse practitioner who is licensed pursuant to chapter 15).
 - Pupils who have an infant with a severe health problem certified by a medical provider (person who is licensed pursuant to title 32, chapter 7, 13 or 17 or a registered nurse practitioner who is licensed pursuant to chapter 15).

IV. Unlawful use of the “nurse” designation

32-1666. Unlawful acts

A. It is unlawful for a person who is not licensed or certified under this chapter to:

1. Practice or offer to practice professional or practical nursing in this state.
2. Represent or use any title, abbreviation, letters, figures, sign, card or device to indicate that the person or any other person is a registered, graduate or professional nurse.
3. Represent or use any title, abbreviation, letters, sign, card or device to indicate that the person or any other person is a licensed practical nurse or a certified nursing assistant.

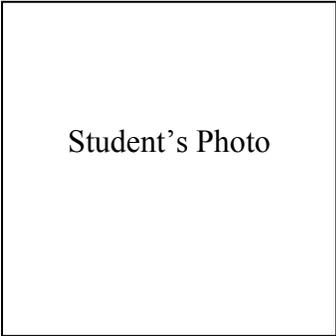
B. It is unlawful for a person to operate a nursing program or a nursing assistant training program unless it has been approved under this chapter.

Summary of Provisions

- Unless a registered nurse (RN) or licensed practical nurse (LPN) under RN or physician supervision is employed in the school health office utilize the term:
 - “Health Office” **not** “*Nurse’s Office*”
 - “health staff” or “health clerk” **not** “*School Nurse*”
 - “school health services” **not** “*nursing services*”

Appendix A

Individualized Student Asthma Treatment Plan 1



STUDENT INFORMATION

Name _____
DOB _____
School _____
Teacher _____
Grade _____
P.E. Days/Times _____
Recess Days/Times _____

IN CASE OF EMERGENCY CONTACT (in order)

NAME/RELATION	PHONE	CELL PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

EMERGENCY INFORMATION

Home Phone _____
Parent/Guardian Cell Phone _____
Mother: Work Phone _____
Father: Work Phone _____
Physician _____ Address: _____
Physician Phone _____

KNOWN TRIGGERS (circle)

Smoke Dust Mold Animals (fur/feathered)
Cockroaches Odor/fumes Pollen Cold Air
Exercise Respiratory Infections Other: _____

INSTRUCTIONS for ACUTE ASTHMA EPISODE: (to be completed by physician)

- 1) Check peak flow (health care provider must order) Yes ____ No ____ (if no, go to step 2)
- 2) Give medication as listed below. Student should improve within 15-20 minutes.
- 3) Seek emergency medical care (**911**) for any of the following:
 - Continuous coughing
 - Shortness of breath with walking, talking, or sitting
 - Blue or gray discoloration of lips or fingernails
 - No improvement 15-20 minutes after initial medication treatment
 - Peak Flow of (specific to student)
 - Other _____

4) Notify parents/guardian and or emergency contacts (see list above)

MEDICATIONS

Name of Medication	Dosage	Frequency (when to use)
1. _____		
2. _____		
3. _____		
Physician Signature _____		Date _____
Parent/Guardian Signature _____		Date _____
School Nurse Signature _____		Date _____

Individualized Student Treatment Plan 2

Emergency Asthma Plan: School Year _____	ACME Unified School District Student Individualized Health Care Plan
Asthma: An intermittent obstruction (blockage) of lung airways (passages) that is at least partially reversible either spontaneously or with mediation.	

Student Name		Emergency Contact 1	
Teacher/Grade		Phone number(s)	
Parent Name:		Emergency Contact 2	
Parent Phone #		Phone number(s)	
Parent Name		Physician's Name	
Parent Phone #		Phone number(s)	

Prescribed Treatment: _____

Name of Medication	Dosage	Frequency (when to use)
1. _____		
2. _____		
3. _____		

GENERAL SYMPTOMS	SIGNS OF A MODERATE ASTHMA EVENT	SIGNS OF A SEVERE ASTHMA EVENT (Call 911 for one or more signs below)
Chest tightness Shortness of breath Wheezing Coughing Other _____ _____ _____	Breathing: coughing, shortness of breath, breathing through mouth Verbal Complaints: chest tightness, chest "hurts", hard to breath, headache, dry mouth Facial Expression: pale, sweating, red Mood: anything that is different from child's usual behavior	Can't speak, cry, or utter more than 2-3 words at a time Pale discoloration or blueness around mouth Movement, sucking in of, chest, neck, or rib muscles, body is hunched over Medication does not reduce or improve symptoms within 10-15 minutes

TREATMENT FOR SEVERE ASTHMA

1. CALL 911
2. Administer prescribed rescue inhaler/medications
3. Other (as prescribed by physician)_____

TREATMENT FOR MILD-MODERATE ASTHMA:

1. Have student relax; “whistle” breath or purse lips to encourage diaphragmatic breathing.
2. Give prescribed rescue medication (oral or inhaled) as per physician’s instructions.
3. Have student sip room temperature water.
4. Have student use their “peak flow meter”, if ordered by physician.
5. Reassure student.
6. Return student to class if/when symptoms resolve
7. If symptoms do not improve within 10-15 minutes of prescribed treatment, **CALL 911** and then parent(s).

Physician Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

School Nurse Signature _____ Date _____

Individualized Student Asthma Treatment Plan 3
Peak flow treatment plan

Student Name _____ Classroom Teacher _____
 Physician's Name _____
 Physician's Phone Number _____
 Student's personal best peak flow is: _____
 Physician Signature _____ Date _____
 Parent/Guardian Signature _____ Date _____
 School Nurse Signature _____ Date _____

<p>Green Zone Peak flow reading above: _____ Breathing is good No coughing No wheezing Able to participate in normal activities</p>	<p>Use Control or Maintenance Medication(s) everyday.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name of Medication</th> <th style="width: 20%;">Dosage</th> <th style="width: 40%;">Frequency (when to use)</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td></td> <td></td> </tr> <tr> <td>2. _____</td> <td></td> <td></td> </tr> <tr> <td>3. _____</td> <td></td> <td></td> </tr> </tbody> </table>	Name of Medication	Dosage	Frequency (when to use)	1. _____			2. _____			3. _____		
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1. _____													
2. _____													
3. _____													
<p>Yellow Zone Peak flow reading between _____ and _____. flare-up with coughing, chest tightness, wheezes</p>	<p>Take quick relief or rescue medications when you have a flare-up</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name of Medication</th> <th style="width: 20%;">Dosage</th> <th style="width: 40%;">Frequency (when to use)</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td></td> <td></td> </tr> <tr> <td>2. _____</td> <td></td> <td></td> </tr> <tr> <td>3. _____</td> <td></td> <td></td> </tr> </tbody> </table> <p>If sending student to the health or front office for treatment, always send them with a "buddy" never by themselves.</p>	Name of Medication	Dosage	Frequency (when to use)	1. _____			2. _____			3. _____		
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<p>Red Zone Peak flow below: _____ Severe flare-up. Cannot speak. Using stomach, neck, and chest muscles to breath. Hunched over/panic. Medications did not improve symptoms Lip discoloration-pale or blue</p>	<p>Get help (911) now!</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name of Medication</th> <th style="width: 20%;">Dosage</th> <th style="width: 40%;">Frequency (when to use)</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td></td> <td></td> </tr> <tr> <td>2. _____</td> <td></td> <td></td> </tr> <tr> <td>3. _____</td> <td></td> <td></td> </tr> </tbody> </table> <p>Do not send student alone to health office or other location to receive treatment. Severe flare-ups can result in sudden loss of consciousness and possible death.</p>	Name of Medication	Dosage	Frequency (when to use)	1. _____			2. _____			3. _____		
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