



NOTRE DAME HIGH SCHOOL

Member of the Middle States Association of Colleges and Secondary Schools

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ASTHMA HEALTH PLAN

Student: _____ Gr/Teacher: _____ DOB/Age: _____

Emergency Contact #1: _____
 Name Relationship Phone

Emergency Contact #2: _____
 Name Relationship Phone

Physician's name: _____ Phone: _____

ASSESSMENT DATA: (check or circle if applicable)

Signs/Symptoms	Triggers	First Aid Interventions
<input type="checkbox"/> Wheezing <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Chest tightness <input type="checkbox"/> Cough <input type="checkbox"/> Other: _____ _____ _____	<input type="checkbox"/> Exercise <input type="checkbox"/> Cold air <input type="checkbox"/> Dust <input type="checkbox"/> Stress <input type="checkbox"/> Infection <input type="checkbox"/> Allergies _____ _____	<input type="checkbox"/> Chalk/markers <input type="checkbox"/> Perfumes <input type="checkbox"/> Smoke <input type="checkbox"/> Air fresheners <input type="checkbox"/> Animals _____ _____
		<input type="checkbox"/> Loosen clothing <input type="checkbox"/> Administer medication <input type="checkbox"/> Encourage relaxation <input type="checkbox"/> Encourage pursed lip breathing <input type="checkbox"/> Administer room temperature fluids <input type="checkbox"/> Other: _____

Frequency of asthma episodes: _____ Number of hospitalizations in past 12 months: _____

Current medications: (home (h) and school (s), including OTC and alternative meds)

Name	Route	Dose	Frequency

Will student require nebulizer treatments at school? _____ Yes _____ No (Parent must provide tubing as well)

For Inhaled Medications:

- I have instructed _____ in the proper way to use his/her medications. It is my professional opinion that he/she **SHOULD NOT** be allowed to carry and use that medication by him/herself.
- It is my opinion that _____ **SHOULD** carry his/her inhaled medication by him/herself.

1. Student knows action of the medication and reason for taking medication.
2. Student is aware of possible side effects of medication.
3. Student agrees to never share medication with anyone.
4. Student will always carry medication in correct container.
5. Student agrees to go to the nurse's office if symptoms are not relieved by medication or if student has to use the medication more than twice in a day

If any of the above conditions are not met, student will forfeit the right to carry and self-administer medication.

ASTHMA EMERGENCY ACTION PLAN

Student: _____ DOB/Age: _____

Emergency action is necessary when the student has symptoms such as _____

Steps to take during an asthma episode:

1. Give medications if available.
2. Have student return to classroom if no longer in distress, symptoms have improved.
3. Contact parent if no improvement after medication or below normal O2 saturation (normal is 95-99%).
4. **Seek emergency medical care if the student has any of the following:**
 - ✓ **No improvement 15-20 min. after initial treatment with medication and a relative cannot be reached.**
 - ✓ **Hard time breathing:**
 - Chest and neck are pulled in with breathing.
 - Student hunched over.
 - Student is struggling to breathe.
 - ✓ **Trouble walking or talking.**
 - ✓ **Stops playing and can't start activity again.**
 - ✓ **Lips or fingernails are gray or blue.**
 - ✓ **Peak flow below _____**
 - ✓ **Other _____**

ASTHMA CAN BE A LIFE-THREATING ILLNESS DO NOT WAIT...

TAKE THESE MEDICINES NOW AND CALL 911.

- Medicine _____
- Dosage _____
- Route _____
- Frequency _____
- Other _____

TAKE THESE MEDICINES NOW AND CALL 911.

- Medicine _____
- Dosage _____
- Route _____
- Frequency _____
- Other _____

Special instructions:

Student Outcomes:

1. Student will participate in classroom/school activities with modifications as needed.
2. Student will improve or maintain understanding of checked items under Asthma Education/Self Management skills.
3. Other: (describe) _____

Physician's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____