

Location of Emergency Medications: _____

ASTHMA INDIVIDUAL HEALTH PLAN

STUDENT _____ DOB _____ SCHOOL _____

GRADE/TEACHER _____ SCHOOL YEAR _____

PARENT/GUARDIAN _____ HOME PHONE _____

WORK PHONE _____ CELL PHONE _____ EMAIL: _____

EMERGENCY CONTACT _____

PHYSICIAN _____ PHONE _____

ALLERGY SPECIALIST _____ PHONE _____

1. Briefly describe what causes your child's asthma symptoms (weather, cold, allergies, exercise):
2. How often does your child have to see a doctor or go to the ER for a severe asthma episode? When was the last episode requiring medical attention?
3. Name any medication that your child takes for his/her asthma, how often and how much (including nebulizer treatments):
4. Does your child suffer any side effects from these medications? - Yes - No
Please list them here:
5. Does your child have any physical activity limitations due to his/her asthma? - Yes - No
Note: In order to alter school activities, a *physician's order* is required. Please attach a copy of the order to this form.
6. What does student do at home to relieve wheezing during an asthma episode? (Please check any that apply.)
 Breathing exercises Inhaler Rest/relaxation
 Oral medicine Drinks liquids Nebulizer
7. If your child has an asthma episode at school, how do you want the school staff to manage it?
8. Do you know what your child's baseline peak flow rate is? - Yes - No
What is it? _____
9. Would you like information about asthma camp (students between the ages of 7-13)? - Yes - No

PLEASE NOTE: If your student needs medication during the school day, a **Medication Authorization form** must be completed every school year by **you and your child's physician**. These forms may be obtained from your school secretary.

COMPLETE BACK OF PAGE

STUDENT'S NAME _____

ASTHMA
EMERGENCY INDIVIDUAL HEALTH PLAN
(For School Staff Use)

SIGNS AND SYMPTOMS THAT THE STUDENT MAY EXHIBIT:

- Excessive or prolonged coughing
- Difficulty breathing
- Wheezing (high-pitched noise heard with breathing)
- Sensation of chest tightness or pain
- Frightened facial expression
- Flaring of nostrils
- Tingling/numbness in fingers/toes
- Loss of color in lips.

Location of Emergency Medications: _____

INTERVENTIONS:

1. Remain with student.
2. Have student rest in a sitting position, breathing slowly through mouth, exhaling slowly through pursed lips.
3. Offer fluids.
4. Refer to student's Emergency Action Plan for further instructions.
5. Have student take prescribed medication, as ordered by physician. **Do not** send anywhere alone to obtain inhaler.
6. Notify school nurse, if in building.
7. Notify parent of severe breathing difficulty or if medication is not effective in 15 minutes.
8. If parent is unavailable or student is having extreme difficulty breathing, call 911 and transport to _____ Hospital.
9. Additional instructions: _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

SCHOOL NURSE SIGNATURE _____ DATE _____