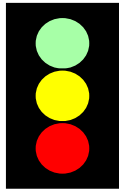


# Asthma Action Plan & School Medication Authorization



Name:	DOB:	Date:
<b>Important! Things that make your asthma worse (Triggers):</b> <input checked="" type="checkbox"/> smoke <input type="checkbox"/> pets <input type="checkbox"/> mold <input type="checkbox"/> dust-mites <input type="checkbox"/> pollen/trees <input type="checkbox"/> colds/viruses <input type="checkbox"/> exercise <input type="checkbox"/> seasons:   other:		
<b>Severity Classification:</b> <input type="checkbox"/> Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent		

**GO ZONE – You're Doing Well!**      USE THESE **MEDICINES EVERYDAY** TO PREVENT SYMPTOMS

**If you have all of these:**

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work and play



CONTROLLER MEDICINE (Dose/Route)	HOW MUCH	HOW OFTEN/WHEN
1. _____	_____ Puffs Inhaled	AM/PM
	<input type="checkbox"/> with spacer	
2. _____	_____	AM/PM
3. _____	_____	AM/PM
4. Albuterol MDI 90	_____ Puffs Inhaled	with spacer
➤ <b>Please order a VHC Spacer to use with any MDIs</b>		<input type="checkbox"/> Every 4 hours as needed before exercise

**CAUTION ZONE – Slow Down!**      CONTINUE WITH GO ZONE MEDICINE and ADD:

**If you have any of these:**

- First signs of a cold
- Exposure to known trigger
- Cough
- Wheeze
- Tight chest
- Coughing at night



RESCUE MEDICINE	HOW MUCH	HOW OFTEN/WHEN
1. Albuterol MDI 90	_____ Puffs Inhaled	with spacer    Every _____ hours
		<input type="checkbox"/> May Repeat x 1 in 20 minutes <i>if needed</i>
2. Nebulized Albuterol 2.5mg	_____ Vial inhaled	Every _____ hours
		<input type="checkbox"/> May repeat x 1 in 20 minutes <i>if needed</i>
3. _____	_____	_____
➤ <b>If getting worse follow directions in DANGER ZONE and Call your Health Care Provider</b>		
➤ <b>If not improved in 2 days <u>or</u> any asthma questions/concerns - Call your Health Care Provider</b>		

**School Nurse:** Call parent or provider if using PRN medication more than 2 days/week for asthma symptoms or for control concerns

**DANGER ZONE – Get Help!**      TAKE THESE MEDICINES AND CALL YOUR PROVIDER NOW

**If your Asthma is getting worse fast:**

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Can't talk well
- Getting nervous



MEDICINE	HOW MUCH	HOW OFTEN/WHEN
1. Albuterol MDI 90	_____ Puffs Inhaled	with spacer <b>NOW!</b>
		<input type="checkbox"/> Repeat x 1 in 20 minutes <i>if needed</i>
2. Nebulized Albuterol 2.5mg	_____ 1 vial inhaled	<b>NOW!</b>
		<input type="checkbox"/> Repeat x 1 in 20 minutes <i>if needed</i>
➤ <b>Call your Health Care Provider now! If they are not available, go directly to the emergency room or call 911 and bring this form with you. Make an appointment after all E.R. visits.</b>		

**HEALTH CARE PROVIDER SCHOOL MEDICATION AUTHORIZATION REQUIRED FOR Albuterol** as stated in above plan, and in accordance with CT State Law and Regulations 10-212a \* Not to exceed **6 puffs** within regular school hrs (6hrs), without notifying provider **Office Stamp**

Side effects:  Not expected, or \_\_\_\_\_ Medication Allergies:  NKDA, or \_\_\_\_\_

**Self-Administration:**  This student **is** capable to safely and properly self-administer this medication **OR**  
 This student **is not** approved to self-administer this medication

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ For the School Year (365 days): \_\_\_\_\_

**Parent/Guardian Consent: REQUIRED**

- I authorize the student to **possess** and **self-administer** medication **OR**     I authorize this medication to be **administered by school personnel**
- I authorize exchange of information between the prescribing health care provider and school nurse to ensure the safe administration of this medication plan

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ **\* Bring asthma meds and spacer to all visits**

## EMERGENCY ASTHMA CARE PLAN FOR INDIVIDUAL STUDENT

NAME: \_\_\_\_\_ GRADE/SCHOOL: \_\_\_\_\_

**Known Asthma Triggers:**  smoke    pets    mold    dust-mites    pollen/trees    colds/viruses    exercise    seasons:  
other: \_\_\_\_\_

**Symptoms of Asthma:** Coughing, Wheezing, Shortness of Breath, Chest Tightness

**Symptoms of Severe Asthma:** Rapid or hard breathing; Wheezing heard with breathing; Inability to speak in full sentences without pausing for a breath or coughing; Hunched over position; "Sucking in" of skin at neck or between ribs; Bluish or pale color around mouth; Scared or panic appearance

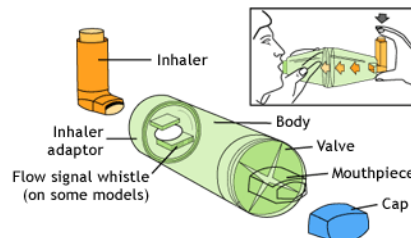
Insert Picture if available

### STEPS TO FOLLOW AT THE ONSET OF ANY OF THE ABOVE SYMPTOMS:

1. Stop physical activity and keep student calm; encourage slow deep breathing if possible
2. **Administer Albuterol Inhaler** (see technique below) \_\_\_\_\_ puffs (with spacer if available)
3. Monitor for improvement in symptoms and breathing over the next 20 minutes: **call school nurse if not improved**       **May repeat** same dose in \_\_\_\_\_ minutes
4. **Call 911** at any time student appears to be in distress / having symptoms of severe asthma then notify school nurse and parent.

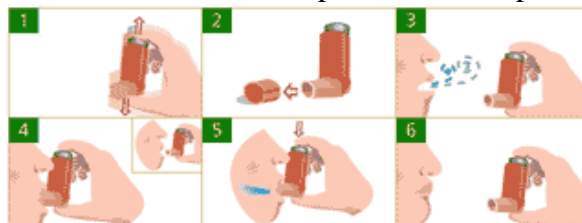
### ALBUTEROL INHALER (MDI) INSTRUCTIONS with Spacer:

1. Shake the inhaler (usually 3-4 shakes) and prime by spraying into air away from face until you see a full puff of medication come out of inhaler
2. Put the inhaler into the spacer
3. Breathe out all the way
4. Bring spacer to your mouth, put the mouthpiece between your teeth and close your lips around it
5. Press the top of the inhaler once
6. Breathe in **slowly (around 3-5 seconds)** until you have taken a full breath. If you hear a whistle sound, you are breathing in too fast.
7. Hold your breath for about ten seconds, and then breathe out
8. Repeat 2<sup>nd</sup> puff after about 1 minute



### If Spacer not available:

Follow same steps except hold inhaler in front of open mouth and press while starting to breathe in



**School Nurse Office:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_