

Asthma Action Plan: Individual Student

Student photo
here if available

NAME: _____ **DOB:** _____

Allergies: _____ **Grade:** _____

Yes No Student has Epinephrine and Anaphylaxis Action Plan at school

EMERGENCY RESPONSE

IF YOU SEE THIS:	DO THIS:
<p>Any SEVERE SYMPTOMS</p> <ul style="list-style-type: none"> Struggling to breathe with chest and neck muscles pulled in Difficulty speaking Clammy or sweaty skin Coughs constantly Lips or fingernails are gray or blue 	<p>GIVE Inhaler (MDI) :</p> <p><input type="checkbox"/> Albuterol <input type="checkbox"/> _____</p> <p><input type="checkbox"/> 2puffs <input type="checkbox"/> 4 puffs <input type="checkbox"/> 6 puffs</p> <p>or</p> <p>GIVE NEBULIZER: _____ <small>Medication/Dose</small></p> <ul style="list-style-type: none"> Speak calmly and reassuringly. Stay with student! Help student walk to warm, quiet place away from triggers to sit upright and relax.
<p>If severe symptom(s) do not quickly improve (within 10-15 minutes), with the <u>first/above</u> dose of medication, worsen or the student has confusion, lethargy or severe anxiety:</p>	<p>→ CALL 911</p> <p>Then call parent and school nurse. Do not delay 911 call. See contact numbers on back page.</p>

<p>Any MILD SYMPTOMS</p> <ul style="list-style-type: none"> Coughing Wheezing Short of breath Chest tightness Inability to do all normal activities 	<p>GIVE Inhaler (MDI) : <input type="checkbox"/> Albuterol <input type="checkbox"/> _____</p> <p><input type="checkbox"/> 2 puffs as needed every: <input type="checkbox"/> 2-3 hours <input type="checkbox"/> 3-4 hours <input type="checkbox"/> 4-6 hours</p> <p>Or GIVE NEBULIZER: _____ <small>Medication/Dose/Frequency</small></p> <ul style="list-style-type: none"> Speak calmly and reassuringly. Help student walk to warm, quiet place away from triggers to sit upright and relax. Symptoms should resolve within 15-20 minutes. Student may return to class/activities when symptoms have resolved.
<p>Mild symptoms persist 20 minutes after the first dose of the medication</p>	<p>Repeat one time: <input type="checkbox"/> Albuterol <input type="checkbox"/> _____</p> <p><input type="checkbox"/> 2puffs <input type="checkbox"/> 4 puffs</p>
<p>If above symptoms do not improve or worsen after 2nd dose of medication (or 1st dose of medication if only one dose ordered)</p>	<p>Call parent or primary care provider. (See below and back for contact numbers)</p> <p>Call 911 if you are unable to reach parent or primary care provider</p>

NOTE: Notify parent if student uses inhaler more than once daily NOT counting pre-exercise doses as noted below.

ROUTINE CARE

<p>Triggers: things that might start an asthma episode for this student include:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Exercise</td> <td><input type="checkbox"/> Strong odors or perfumes</td> </tr> <tr> <td><input type="checkbox"/> Respiratory infections</td> <td><input type="checkbox"/> Molds</td> </tr> <tr> <td><input type="checkbox"/> Change in temperature</td> <td><input type="checkbox"/> Food: _____</td> </tr> <tr> <td><input type="checkbox"/> Chalk dust/dust/smoke</td> <td><input type="checkbox"/> Animals: _____</td> </tr> <tr> <td><input type="checkbox"/> Carpets in the room</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Pollens</td> <td></td> </tr> </table>	<input type="checkbox"/> Exercise	<input type="checkbox"/> Strong odors or perfumes	<input type="checkbox"/> Respiratory infections	<input type="checkbox"/> Molds	<input type="checkbox"/> Change in temperature	<input type="checkbox"/> Food: _____	<input type="checkbox"/> Chalk dust/dust/smoke	<input type="checkbox"/> Animals: _____	<input type="checkbox"/> Carpets in the room	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Pollens		<p>Exercise: Pre-treatment to prevent exercise induced asthma with MDI inhaler (Exercise may include 15 minute recess and PE)</p> <p><input type="checkbox"/> Albuterol <input type="checkbox"/> _____</p> <p><input type="checkbox"/> 2 puffs</p> <p><input type="checkbox"/> 15 minutes before <input type="checkbox"/> At student's discretion</p> <p><input type="checkbox"/> 30 minutes before <input type="checkbox"/> Routinely</p> <p>→Up to how many pre-exercise doses per school day? _____</p>
<input type="checkbox"/> Exercise	<input type="checkbox"/> Strong odors or perfumes												
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<input type="checkbox"/> Carpets in the room	<input type="checkbox"/> Other: _____												
<input type="checkbox"/> Pollens													

Permission Signatures

Student may carry medication AND self-medicate without supervision. As the medical provider, I confirm that this student has been instructed in the proper use of this medication and is able to self-administer this medication on their own without school staff supervision.

Health Care Provider Signature _____ DATE _____	Parent/Guardian Signature _____ Date _____
Health Care Provider PRINTED NAME _____	Phone Number _____

PARENT: SEE BACK OF FORM TO COMPLETE

(Form Revision May 2014)

For students who carry and/or self-administer medications: Authorization by parent, individual who has executed a caretaker relative educational or medical authorization affidavit, or guardian:

See generally Mont. Code Ann. § 20-5-420 As the parent, individual who has executed a caretaker relative educational or medical authorization affidavit, or guardian of the above named student, I confirm this student has been instructed by his/her healthcare provider on the proper use of this/these medication(s). He/she has demonstrated to me he/she understands the proper use of this medication. He/she is physically, mentally, and behaviorally capable to assume this responsibility. He/she has my permission to self-medicate as listed above, if needed. If he/she has used epinephrine during school hours, he/she understands the need to alert the school nurse or other adult at the school who will provide follow-up care, including making a 9-1-1 emergency call.

- I acknowledge the school district or nonpublic school and its employees and agents are not liable as a result of any injury arising from the self-administration of medication by the student, and I indemnify and hold them harmless for such injury, unless the claim is based on an act or omission that is the result of gross negligence, willful and wanton conduct, or an intentional tort.
- I agree to work with the school in establishing a plan for use and storage of any backup medication. This will include a predetermined location to keep backup medication to which the student has access in the event of an asthma, severe allergy, or anaphylaxis emergency.
- I understand in the event the medication dosage is altered, a new "self-administration form" must be completed, or the health care provider may rewrite the order on his/her prescription pad and I, the parent/caretaker relative/guardian, will sign the new form and assure the new order is attached.
- I understand it is my responsibility to pick up any unused medication at the end of the school year, and any medication not picked up may be disposed of.
- I authorize the school administration to release this information to appropriate school personnel and classroom teachers.



Parent/Caretaker/Guardian SIGNATURE

DATE

Parent/Guardian Contact Information:

1st: _____
Name Phone

2nd: _____
Name Phone

3rd: _____
Name Phone

School Nurse Contacts (School will add)

1st

Name/Phone

2nd

Name/Phone

Inhaler Directions for Student Use/ Staff Assist

- | | |
|---|---|
| <p>1. Remove the mouthpiece cap and look at the tiny exit hole where the medication comes out of the canister.</p> <p>2. Shake the inhaler</p> <p>3. Prime (actuate) the inhaler to release one dose of medication into the air.</p> <p>4. Stand or sit up straight and exhale fully.</p> <p>5. Place inhaler mouthpiece into mouth (between teeth) and close lips tightly around it.</p> <p>6. Begin to inhale slowly, then activate the inhaler a split second later</p> <p>7. Continue inhaling slowly for 3-5 seconds, until lungs are full.</p> <p>8. Hold breath for 10 seconds, if possible.</p> <p>9. Exhale slowly. Repeat steps 2 through 9 for second "puff".</p> | <p>→ It should be free of debris or white powder. If it's not, follow package instructions to thoroughly clean the inhaler.</p> <p>→ This makes sure the medication is taken; not just the "propellant."</p> <p>→ This is very important if the inhaler is brand new or hasn't been used recently. See specific brand name instructions for details.</p> <p>→ If using a holding chamber (spacer), insert the inhaler mouthpiece into the flexible adaptor and put the chamber mouthpiece in mouth. Hold the inhaler upright, with the mouthpiece at the bottom and the top pointing up to the sky. Be sure lips are tightly around the mouthpiece and tongue is out of the way.</p> <p>→ Some holding chambers feature a whistle that goes off if inhaling is too forceful; a signal to slow down.</p> |
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