

Student Asthma Treatment Plan

7127-085 MR 10/09

Student Name: _____ Date of Birth: ____/____/____ Grade: _____

THE ABOVE STUDENT HAS BEEN DIAGNOSED WITH ASTHMA. THIS FORM IS BEING SENT TO ASSIST IN THE MANAGEMENT OF HIS/HER ASTHMA AT SCHOOL.
PLEASE PLACE THIS FORM IN THE STUDENT'S MEDICAL FILE.

Parent/Guardian Name: _____ Address: _____ City, State, Zip: _____ Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone or Pager: (____) _____ - _____	Parent/Guardian Name: _____ Address: _____ City, State, Zip: _____ Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone or Pager: (____) _____ - _____
Student's Primary Care Provider: _____ Student's Asthma Provider: _____	Phone: (____) _____ - _____ Phone: (____) _____ - _____

Daily School Medication Plan

The student should be feeling good every day. Well Controlled Asthma: <ul style="list-style-type: none"> • Asthma symptoms or quick reliever use at school occur less than 2 days per week (excluding before exercise). • Can do usual activities at recess and in Physical Education class. <input type="checkbox"/> Notify parent if student uses Quick Reliever more than 2 times per week at school (excluding before exercise). The asthma may not be well controlled.	Quick Reliever Dose: <ul style="list-style-type: none"> <input type="checkbox"/> Albuterol/Xopenex® inhaler 2 puffs with spacer, OR <input type="checkbox"/> Albuterol/Xopenex® nebulizer solution 1 dose <input type="checkbox"/> _____ Frequency: <ul style="list-style-type: none"> <input type="checkbox"/> Give every 4 hours as needed for wheezing/cough/shortness of breath <input type="checkbox"/> Give 10-15 minutes before exercise, as needed <input type="checkbox"/> Use Epipen® or _____ for life-threatening asthma episode. After Treatment: <ul style="list-style-type: none"> <input type="checkbox"/> Student may return to class room after Quick Reliever treatment. <input type="checkbox"/> Notify parent/guardian each time Quick Reliever is given (except before exercise).
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School Emergency Plan

Use this plan when: <ul style="list-style-type: none"> • Asthma symptoms of wheeze, cough, shortness of breath, or chest tightness continue after one treatment with Quick Reliever. For life-threatening symptoms (as described below in Poor Response to School Emergency Plan), call 911 right away.	What to do: <ul style="list-style-type: none"> • Have the student take Quick Reliever every 20 minutes up to 3 times in one hour. These treatments will help determine the severity of the asthma episode.
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What to Do Next

Good Response to School Emergency Plan (Yellow Zone) <ul style="list-style-type: none"> • The student has significant reduction in asthma symptoms. • Contact parent/guardian and notify of need for emergency plan use. • The student may need to begin Yellow Zone medications at home. • Parent/Guardian may choose to: <ul style="list-style-type: none"> ○ Have student return to the class room. ○ Pick student up from school. 	Poor Response to School Emergency Plan (Red Zone) <ul style="list-style-type: none"> • Student has persistent asthma symptoms and may be struggling to breathe. • Student has trouble walking or talking. • Student's lips or finger nails are blue. • Seek emergency medical care – call 911 or an ambulance. • Contact parent/guardian and notify them that you are calling 911 because the student is in the Red Zone. • Use Epipen® (if available) for life-threatening asthma. NOTE: There might not be wheezing, because air can not move out of the inflamed airways.
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Signature of Parent/Guardian _____ Date ____/____/____

Signature of Physician/Nurse Practitioner _____ Date ____/____/____ _____ hours _____ Time