

Asthma/Bronchospasm Action Plan/Emergency Care Plan Orders for Inhaled Medication

Child's Photo
Here

Student Name _____ D.O.B.: ____ / ____ / ____

I give permission for my child's doctor and the school nurse to talk to each other about my asthma or other breathing problem. I want the school district to follow the doctor/health care providers plan listed below. I agree to provide all necessary supplies and equipment.

Parent

- I request my child to carry his or her inhaler at school: Yes No
- I understand if my child carries his/her own inhaler at school AND my child is in elementary school, I will provide another one for the school in case of emergency. I agree to all school laws about inhaler use at school. (see page 2 of this form).
- I understand if my child is using his or her inhaler more than 2 times per week (except for exercise pretreatment), I should contact my doctor/healthcare provider.

Parent/Guardian signature: _____ Date: _____

Phone number: (Home): _____ (Cell): _____ (Work): _____

Doctor/Healthcare Provider Name: _____ Phone: _____

SEVERITY CLASSIFICATION OF REASON FOR INHALER:

- Mild Intermittent Moderate Persistent
 Mild Persistent Severe Persistent

TRIGGERS:

- URI/Colds Smoke Weather
 Exercise Dust Animals
 Other: _____

EXERCISE PRETREATMENT INSTRUCTIONS:

- Give 2 puffs of quick relief inhaler 15 minutes prior to recess/PE/sports/other: _____
 May repeat 2 puffs of quick relief inhaler if symptoms recur with exercise, or _____
 Measure Peak Flow prior to exercise; restrict aerobic activity if child's peak flow is below _____

PEAK FLOW: Child's **Green Zone**: >80% predicted or personal best _____

Yellow zone: 50-80% of personal best: _____ to _____ **Red Zone** <50%: < _____

YELLOW ZONE

- Some problems breathing
 - Problems playing
 - Cough, wheeze or chest tight
- Peak flow meter = **YELLOW** zone

- Give **2 puffs** of the following quick relief inhaler every 4 hrs:
 albuterol
 Pirbuterol (Maxair)
 Other: _____

OR

- Give nebulizer treatment using 1 unit dose of albuterol
 May repeat either x 1 if not returned to green zone in 1 hour.

RED ZONE

- Lots of problems breathing
 - Cannot play or do school work
 - Getting worse instead of better
 - Medicine not working
- Peak flow meter = **RED** zone

- Give **4 puffs** of the above listed inhaler (or nebulizer tx), call parent.
If still in red zone after 15 minutes, CALL 911.
If trouble walking/talking due to shortness of breath, or lips or fingernails are blue, CALL 911 NOW.

Other: _____

- This student has the knowledge and skill to carry and use an inhaler device independently.
 This student should NOT or is preferred NOT to carry or use an inhaler unsupervised at this time.

Physician/Healthcare Provider Signature _____ Date _____ Phone number _____

School Nurse

This student demonstrates knowledge and skill to carry and use an inhaler at school: Yes No

School Nurse Signature: _____ Date: _____