

## Alabama State Department of Education



ndividualized Health Care Plan

Student Name: Type Here

School Year: Type Here

## Asthma Individualized Healthcare Plan

IF '				onged Expiration Tightness in Chest nge in Color of Skin (Pale or Blue)		
DO THIS WHEN MEDICATION* AVAILABLE				DO THIS WHEN MEDICATION NOT AVAILABLE		
*Med/Dose: Type Here				Have student sit in calm, cool		
1.	Route: ☐ Inhaler**	☐ Nebulizer		environment (if possible).		
2.	Observe student for cha					
3.	Allow student to return medication.	to class if symptoms Relieved/Impro	oved after	Have student sit upright with hands on knees (arms straight).		
If r	o change in symptoms		Engagement lin broothing (aloud			
*Med/Dose: Type Here				Encourage purse-lip breathing (slowly inhale through nose and exhale through		
1.	Route: ☐ Inhaler**	☐ Nebulizer		pursed-lips).		
2.	Call parent about studer	nt using medication x 2				
3.	Have student maintain s	sitting position				
4.	Limited physical activit	y.				
If n	o improvement in symp contact parent after sec	otoms after second dose of medication ond dose is administered	ion and unable to			
1.		ring emergency contacts)				
2.	Encourage slow deep br					
3.	Have student maintain s	itting position				
1	dent complains, is hunc uses neck/shoulder mus are blue in color	hed over, has difficulty breathing, cles to assist in breathing effort, lip	is unable to speak, os and/or nail beds			
1.	Call 9-1-1					
2.	Call parent/guardian					
3.	Rest, reassurance, calm	slow deep breathing				
If st	udent becomes unconsc	cious		If no improvement		
	Call 9-1-1			Call parent/emergency contact		
	Call parent/emergency c	ontact		2. Call 9-1-1		

**Proper technique for using inhaler: Have student sit upright. Remove cap; hold inhaler upright. Shake well. Tilt head slightly back, and have	ve student breath
out. Position inhaler in or near mouth or use spacer. Have student take a deep breath; press down on inhaler while student is taking a breath.	Count to 10 while
student holds breath.	

School Nurse Use Only

Medication	Expiration Date	Self-Carry?	Location of Medication