

## Physician And Parent School Asthma Management Plan

Student's full name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_ Physician Fax \_\_\_\_\_

**Rescue:** With breathing difficulties, give rescue medicine: \_\_\_\_\_

Administer \_\_\_\_\_ of \_\_\_\_\_ medicine. Observe the student for twenty minutes after rescue medicine administration or until breathing difficulties are relieved. If the student is still experiencing breathing difficulties after 20 minutes:

IT IS  IS NOT okay to repeat rescue treatment. Observe the student for twenty minutes between treatments or until breathing difficulties are relieved. It is okay to repeat rescue treatment a total of \_\_\_\_\_ times to relieve breathing difficulties.

- Puffs should be administered individually with a 10-second breath hold; wait at least 30 seconds between puffs.
- If the student's breathing difficulties are not relieved after the above maximal treatment, the parents should be called to come pick up the child from school and notified of the need for a call to their physician for urgent medical attention.
- If more than one rescue treatment is ever required to relieve breathing difficulties or a student requires rescue treatment more than two times in one week, the parents should be notified to schedule a physician's office visit for poorly controlled asthma.

**If a student is experiencing extreme shortness of breath or lips and fingernails are blue, emergency medical services should be called and rescue albuterol treatments given until EMS arrives.**

### Sick Plan: During asthma flare-ups, scheduled rescue treatments are needed:

**For one week following an ER or physician office visit for an asthma flare-up or notification of sickness by the parent: Administer** \_\_\_\_\_ of \_\_\_\_\_ **every four hours and before PE or other strenuous activities. If the student requires rescue treatment before a four-hour treatment interval is complete, the parents should be called to pick up the student and notified of the need for a physician visit.**

- It is the responsibility of the student's parent to notify the school nurse of the student's asthma flare-up or chest cold and the need for scheduled treatments.
- After 24 hours on the above sick plan treatment, if the asthma symptoms do not improve or get worse, the parents should be called to pick up the child and notified of the need for a physician's visit.
- If after one week on the sick plan all asthma symptoms do not disappear, the parents should be notified of need to schedule a physician's office visit for poorly controlled asthma.
- All ER visits for an asthma flare-up should be followed by a physician's office visit within three days. Unless contrary to the ER physician's judgment, it is okay for a child to attend school until a follow-up visit.

**Daily Asthma Control:** Name of medication \_\_\_\_\_

How many \_\_\_\_\_ How many times a day \_\_\_\_\_

- Known allergies and asthma triggers include \_\_\_\_\_
- All asthmatics should avoid exposure to airway irritants like smoke, dust and high levels of ozone.

Needs  Does not need treatment with a rescue inhaler before PE every day except during an asthma flare-up.

### I Agree With The School's Asthma Management Plan.

My child has my permission to use an inhaler at school as described in the plan. I agree to communication of changes in my child's asthma condition and management plans between my child's school, hospital and physicians. I, as the person responsible for my child's medical care, will be included/informed of communication regarding my child's medical care.

Parent's/Legal Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

I have seen this child, authorize inhaler use at school in the health room according to the plan, and agree with the plans for the management of the student's asthma at home and school.

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

\*This form is only valid if signed on or after July 1st for the upcoming school year.\*

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