

**ASTHMA &/or
REACTIVE AIRWAY**

MLS Grade/Teacher: McKinney Middle Grade: YSHS Grade:

Student Name: Physician Name (for asthma/RAD):
 Parent Name: Physicain Address:
 Contact Phone Number: Physician Phone Number:

*** School records indicate diagnosis of ASTHMA / REACTIVE AIRWAY DISEASE
 Age diagnosed (asthma): # attacks/past year: # ER visits: # hospital stays:
 *** Complete & return to school nurse within TWO WEEKS to ensure proper health care plan can be established.
 *** Important to updated health information each new school year.
 *** It is the responsibility of parent/guardian to provide necessary medication/equipment during the school day.
 *** All students using prescribed inhalers must follow district guidelines for medication use
 *** NOTIFY SCHOOL NURSE IMMEDIATELY IF CHANGES: phone number, medications, etc.

Conditions that usually TRIGGER asthma &/or reactive airway symptoms:			
<input type="checkbox"/> Allergic reaction to (describe):	<input type="checkbox"/> Exposure to cold air:	<input type="checkbox"/> Respiratory infection:	
<input type="checkbox"/> Emotional stress:	<input type="checkbox"/> Exposure second-hand smoke:	<input type="checkbox"/> Other:	
<input type="checkbox"/> Exercise induced (describe):	<input type="checkbox"/> Odors (describe):		

Symptoms usually OBSERVED during asthma attack:

<input type="checkbox"/> Bluish color of lips/skin/nails:	<input type="checkbox"/> Feeling frightened:	<input type="checkbox"/> Wheezing:
<input type="checkbox"/> Coughing (describe):	<input type="checkbox"/> Shortness of breath:	<input type="checkbox"/> Others:

*** Describe YOUR child's typical response to any/all symptoms:

Treatment plan for managing asthma attack:			
Use @ school (1)	Medications:	Dose:	Reason for use:
Y / N			
Y / N			
Y / N			
Y / N			
Y / N	Current ASTHMA ACTION PLAN - If so, please provide copy		

The usual procedure followed at school for asthma is:

1. Allow student to use prescribed asthma medication with assistance given as needed (if medication is available/stored at school) (1)
2. Encourage relaxation with slow deep breathing, sipping warm fluids.
3. Stay with student, evaluate student response and monitor for symptoms.
 - a. If symptoms decrease after 15 minutes, student may return to class.
 - b. If symptoms remain the same after 15 minutes, parent will be contacted for further directions.
 - c. If symptoms increase in severity, will call 911, CPR started if needed, contact parent/guardian.

(1) The district medication policy requires parental/guardian and physician/primary care provider signatures on district forms for all medications administered during school activities. Forms available on school website and/or school office.

(2) Any treatments and/or activity restrictions require written directions from the students' physician/primary care provider.

Parent/guardian signature:

Date:

FOR SCHOOL NURSE ONLY:

Nursing	<input type="checkbox"/> Stable history	<input type="checkbox"/> Diagnose form complete
Dx:	<input type="checkbox"/> Potential complications - hypoxemia	<input type="checkbox"/> NURSE review & initials
	<input type="checkbox"/> High risk - ineffective breathing pattern	<input type="checkbox"/> PRINCIPLE review
	<input type="checkbox"/> Other	<input type="checkbox"/> HOMEROOM TEACHER review
Plan:	<input type="checkbox"/> No ongoing nrsg mgmt at school indicated	<input type="checkbox"/> MEDICATION in MEDICATION DRAWER
	<input type="checkbox"/> Standard procedure for asthma / R.A.D.	<input type="checkbox"/> DASL updates
	<input type="checkbox"/> Standard medication procedure	<input type="checkbox"/> FIELD TRIP list updated
	<input type="checkbox"/> Individualized IEP (refer to DASL)	<input type="checkbox"/> ANNUAL staff training
	<input type="checkbox"/> Training	
	<input type="checkbox"/> Other	<input type="checkbox"/> NURSE: