

# LAKE WASHINGTON SCHOOL DISTRICT

## ASTHMA HEALTH CARE PLAN

<b><u>Name:</u></b>	<b><u>Grade:</u></b>
<b>Student Number:</b>	<b>School:</b>

### SIGNS OF AN ASTHMA EPISODE

<b>FREQUENCY</b>	-Daily    Weekly    Monthly    Yearly    (circle one)
<b>TRIGGERS</b>	- Illness    Exercise    Environmental    Food    Emotions    Allergies Weather Changes    (circle all that apply)
<b>EARLY WARNING SIGNS</b>	- Cough    Cold Symptoms    Drop in Peak Flow    Wheezing Decreased Activity Level    Other: (circle all that apply)
<b>OTHER</b>	-
<b>The severity of symptoms can quickly change.</b>	
<b>* Symptoms above can potentially progress to a LIFE-THREATENING situation.</b>	
<b>*** Do not hesitate to call 911 ***</b>	

### HEALTH CARE

<b>In the classroom:</b>	
- Send student to the Health Room ESCORTED if alert and oriented. - Call School Office if symptoms progress quickly.	
<b>In the Health Room:</b>	
- Give medications as prescribed; DO NOT HESITATE! - Call 911 if breathing difficulty continues or worsens. - Monitor for relief of symptoms. - Inform parents if Asthma Episode is not relieved with treatment.	
<b><u>Other health concerns:</u></b>	
<b><u>Medications:</u></b>	<b><u>Dose/Time:</u></b>
<b><u>Activity concerns/restrictions:</u></b>	
<b><u>Parent Signature*</u></b>	<b><u>Date:</u></b>
* signature required <span style="float: right;">More information on other side →</span>	

<b><u>Contact Information:</u></b>			
<b><u>Address:</u></b>		<b><u>Teacher:</u></b>	
		1.	4.
		2.	5.
		3.	6.
			7.
<b><u>Parent/Guardian:</u></b>		<b><u>Home phone:</u></b>	
1. _____		<b><u>Work:</u></b> _____	<b><u>Cell:</u></b> _____
2. _____		<b><u>Work:</u></b> _____	<b><u>Cell:</u></b> _____
<b><u>Emergency contact:</u></b>		<b><u>Phone:</u></b>	
<b><u>Primary Care Physician:</u></b>		<b><u>Phone:</u></b>	
<b><u>Specialty MD:</u></b>		<b><u>Phone:</u></b>	
<b><u>School Nurse:</u></b>		<b><u>Phone:</u></b>	

**SELF-ADMINISTRATION OF MEDICATIONS:**

Assessment of the student’s ability to independently take metered dose inhaled medications will be determined by the student, parent/guardian, school nurse, the primary health care provider and school district policy. If a student is responsible for the self-administration of his/her own medications on a routine basis or for acute asthma attacks, the metered dose inhaler will be in the possession of the student and may be taken as needed. A licensed health care provider order should be obtained if the student self administers medication at school. Please note this needs to be indicated by the physician on the Authorization of Administration of Medication at School.

Student has been approved (see above) to carry and self administer medication at school

YES NO

Would you like to keep an extra inhaler in the office as a back up?

YES NO

**Reviewed and Approved Yearly**

Parent/Guardian	Health Specialist	Date	Time
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

