

**ASTHMA - Individual Health Plan (IHP)**

According to Washington State Law RCW (28A.210.320) the attendance of every child shall be conditioned upon the presentation before or on the child's first day of attendance a medication or treatment order addressing any life-threatening health condition that the child has that may require medical services to be performed at school. Once such an order has been presented, the child shall be allowed to attend school. Contact school if you have questions.



Student Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
 School: \_\_\_\_\_ Year: \_\_\_\_\_  
 Teacher: \_\_\_\_\_

Other ID: \_\_\_\_\_ Walker  Bus Rider  Bus Number: \_\_\_\_\_  
 Bus Driver: \_\_\_\_\_ Bus Route: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Hm Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Guardian 1: \_\_\_\_\_ Wk Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Guardian 2: \_\_\_\_\_ Wk Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Physician/HCP: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Preferred Hospital: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications at School: <input type="checkbox"/> YES <input type="checkbox"/> NO Medications: _____ Location: _____	Medications at Home: <input type="checkbox"/> YES <input type="checkbox"/> NO Medications: _____
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<b>HEALTH CONCERN: ASTHMA</b>	
Asthma History	Number of days missed from school last year due to asthma: ____ days  How many times in the past year has your child been: <ul style="list-style-type: none"> <li>• Hospitalized due to asthma? _____</li> <li>• Treated in an emergency room for asthma? _____</li> <li>• Taken any form of steroids for asthma? _____</li> <li>• Does your child take daily medication to control their asthma? _____</li> </ul>
Triggers	
Additional Information	

**EMERGENCY INTERVENTION**

<b>Moderate Symptoms</b>	<b>Immediate Response</b>
<ul style="list-style-type: none"> <li>• Excessive coughing</li> <li>• Wheezing</li> <li>• Shortness of breath</li> <li>• Chest tightness</li> <li>• Nostrils flaring</li> <li>• Shoulders hunched over</li> <li>• Anxious or scared</li> </ul> <p>(Not all students will experience all symptoms during an asthma attack)</p>	<ul style="list-style-type: none"> <li>• An adult must accompany student to the health room. <b>(Do not send alone)</b></li> <li>• If student is having difficulty breathing, call the office to bring the student's inhaler to their location</li> <li>• Give medication as prescribed by physician/HCP</li> <li>• Instruct student to inhale medication slowly and fully</li> <li>• Keep student sitting up and reassure student</li> <li>• Encourage to relax and take deep slow breaths</li> <li>• Stay with student until improvement noted</li> <li>• <b>If symptoms worsen, call 911 immediately</b></li> </ul> <p>Contact the school nurse</p> <p>Contact parent/guardian if no improvement after 15 minutes or <b>call 911 if symptoms worsen</b></p>
<b>Severe Symptoms</b>	<b>Immediate Response</b>
<ul style="list-style-type: none"> <li>• Lips or nail beds turning gray or blue (students with light complexion) Paling of lips or nail beds (students with dark complexion)</li> <li>• Grunting</li> <li>• Inability to speak in complete sentences without taking a breath</li> <li>• Severe restlessness</li> <li>• Decreasing or loss of consciousness</li> </ul>	<p><b>CALL 911</b></p> <p><i>Notify parent,</i></p> <p><i>Notify school nurse</i></p> <p><i>Notify principal</i></p> <p><i>Do not leave the student unattended</i></p>

\*\*\* If your child requires medication(s) at school, their Physician/HCP needs to fill out and sign an Authorization to Administer Medication form. This form can be found on the district website or in the school office. Medication must be brought to school by an adult. Students may not transport medication to or from school. If a half tablet is prescribed, the parent must split the pill prior to bringing it to school. \*\*\*

Contact School Nurse through the school office if you have any questions.

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse RN: \_\_\_\_\_ Date: \_\_\_\_\_

A copy of this plan will be kept in the health room and available for staff in Skyward

It is the teacher's responsibility to communicate medical concerns to their subs by placing a copy of each health plan in their sub file.

**CONFIDENTIAL INFORMATION - SHRED PRIOR TO DISCARD**