

Individual Health Plan – Confidential

Asthma

Student Information:

Name of Student: _____ Date of Birth: _____
School: _____ Grade: _____ Teacher: _____

Emergency Information:

Parent(s) Names: _____
Telephone: _____ Telephone: _____

In the event a parent/guardian cannot be reached:

Name: _____ Relation: _____ Telephone: _____
Name: _____ Relation: _____ Telephone: _____

Primary Care Physician: _____ Pulmonologist / Allergist: _____
Telephone: _____ Telephone: _____
Fax Number: _____ Fax Number: _____

Steps to take during an asthma episode:

- NEVER leave student alone. Remain calm. Encourage student to relax.
- Assist student with prescribed medications (as listed below).
- Student should respond to treatment in 15-20 minutes.
- Observe and record student's response to medication
- Observe student for adequate breathing
- Contact parent/guardian

Seek Emergency Medical help if:

- No improvement 15-20 minutes after initial rescue medicine used and parent or emergency contact can't be reached
- Struggles for breath, hunched over, sucks in chest and neck muscles with attempts to breathe.
- Difficulty walking and talking (can't finish sentences)
- Stops playing and can't start activity again.
- Lips or fingernails turn blue or grey.
- Decreasing or loss of consciousness

Medical Information (to be completed by physician's office)

Diagnosis: _____ Allergies: _____
Current Medications: _____
Asthma Triggers/Environmental/Dietary Restrictions: _____

Action/Medication: (please list in order to be given)

1. _____
2. _____
3. _____

- Student's epi-pen, inhaler or medication to be kept in school clinic
- Student has been instructed in correct use of rescue medication
- Student to carry epi-pen, inhaler or medication on person and able to use medication independently

In the event of an anaphylactic emergency, staff will follow the "Severe Allergic Reaction (Anaphylaxis) Emergency Protocol". The epi-pen is to be provided by parents and staff will be trained by the school system RN on the indications and proper technique. The injection will be administered per protocol by trained staff members in the event of an anaphylactic emergency. (Doctor's order is required.)

Physician Signature _____ Date _____

I, the parent or guardian of the above student, request that this Individual Health Plan (IHP) be administered to my child. I understand that it is my responsibility to provide the school with the necessary supplies and equipment and will notify the school nurse if there is any change in my child's health status. I agree to provide a new consent for any changes in doctor's orders and authorize the school nurse to communicate with the physician when necessary. I understand that this information will be shared with the appropriate members of the educational team.

Parent's/Guardian's Signature: _____ Date _____
School Nurse Signature _____ Date _____

- Oral Medication at School
- Inhaler at School
- Epinephrine pen at School

