



PERIMETER SCHOOL  
A Covenant Christian Community

## Asthma Individualized Healthcare Plan

Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Parent: \_\_\_\_\_ DOB: \_\_\_\_\_

Inhaler: \_\_\_\_\_ Yes \_\_\_\_\_ No Doctor: \_\_\_\_\_

Self-Administration Form Signed: \_\_\_\_\_ Yes \_\_\_\_\_ No

Allergies: *(Personal data: i.e. onset, brief history, etc.)*

Asthma is a chronic lung disease, which is characterized by attacks of breathing difficulty. It is caused by spasms of the muscles in the walls of the air passages to the lungs. It is not contagious and tends to run in families. Asthma can be aggravated by allergy to pollen or dust, viral illness, cold, emotions, or exercise. There is no cure but asthma can be controlled with proper diagnosis and management.

Treatment consists of avoiding known triggers, recognizing early symptoms, monitoring with a peak flow meter, and medication to reduce or prevent symptoms. Some children who are allergic to specific substances may benefit from desensitization shots.

**Problem:** Breathing difficulty

**Goal:** Avoid attacks and maintain airway.

**Action:**

1. \_known triggers include: \_\_\_\_\_ and should avoid these triggers.
2. Symptoms of an asthma attack include (Please circle)

Coughing	Tightness in chest
Wheezing	Gasping for air
Prolonged expiration	Color changes (pale or blue).
3. If symptoms of an attack are present or \_\_\_\_\_ states he/she feels an attack coming on:
  - a. Have him/her sit upright.
  - b. Administer prescribed medication by inhaler. (See instructions below.)
  - c. Reassure and attempt to keep him/her calm and breathing slowly and deeply.  
Student should respond to treatment within 15 - 20 minutes.  
If NO change or breathing becomes significantly worse, contact parent immediately.  
Most asthma attacks can be successfully managed in this manner. If you feel he/she is getting rapidly worse and you have exhausted the suggested treatment, call for emergency assistance (911).

4. \_\_\_\_\_ requires the following activity limitation /modifications as prescribed by his doctor:
  - a. If student requires a modified or adapted PE class, please attach. Unless otherwise stated by physician, he/she should have access to a physical exercise program. Parents and staff should understand the benefits of exercising in moderation.
  - b. Avoid over protection. Most children can assess their own ability to engage in activity. Encourage participation but do not force.

### **Inhaler treatment** **Action**

1. A metered dose inhaler is a device to give medication directly into the lungs.
2. \_\_\_\_\_dose is\_\_\_\_\_puffs by inhaler every\_\_\_\_\_hours.
3. \_\_\_\_\_inhaler is kept in the nurse's office.  
Or  
\_\_\_\_\_inhaler is on person to self-administer.
4. \_\_\_\_\_has orders from the physician, permission from the parent to self- administer his/her inhaler in the school setting.  
(If self-administered please attach self-administration permission form)

### **Inhaler Administration Guidelines**

- Remove cap and hold inhaler upright with mouthpiece below chamber.
- Shake well.
- Have student tilt head slightly back and breathe out.
- Position inhaler one to two inches from mouth or use spacer.
- Press down on the inhaler to release medication (you will hear a hissing noise) and have the student breathe in slowly (three to five seconds) and deeply. This is referred to as a PUFF.
- Have student hold breath for 10 seconds to allow medication to stay in lungs.
- Wait one minute between prescribed puffs. Repeat as directed.
- Continue sitting upright and resting until medication takes effect (can be up to twenty minutes).

## **Please indicate the medication your student has been prescribed.**

**Goal:** Early recognition and reporting of side effects

*Note: The appropriate drug, side effects and educational implications, should be inserted here. A list of asthma medications and effects for your use are included in this care plan.*

1. (\_\_\_\_) is medicated regularly with Cromolyn, Intal, and Tilade.
  - a. Cromolyn is used to prevent asthma attacks. It is also used before exposure to substance or exercise to prevent reactions.
  - b. Cromolyn will not help an asthma attack that has already started. If this medication is used during a severe attack it may cause irritation and make the attack worse.
  - c. Side effects that should be reported to parents promptly include: Painful urination, dizziness, rash, headache, joint pain, muscle weakness, and nausea or vomiting.
  - d. More common side effects that usually do not require intervention include cough, hoarseness, and dry mouth.
2. (\_\_\_\_) is medicated as needed with Foradil, Proventil, Serevent, Ventolin (Albuterol), or Volmax.
  - a. Albuterol opens the air passages of the lungs. It is taken by oral inhalation to treat the symptoms of asthma. It relieves coughing, wheezing, shortness of breath, and troubled breathing by increasing the flow of air through the bronchial tubes.
  - b. Side effects that require immediate medical evaluation include: blue color to skin, lips or fingernails, dizziness, fainting, increased breathing rate, increased pulse (heart) rate, skin rash and swelling of face, lips or eyelids.
  - c. More common side effects that usually do not require intervention unless troublesome or worrisome include: overexcitement and hyperactivity, nervousness, restlessness, and trembling.
  - d. Symptoms of overdose may include: chest pain, chills, fever, seizures, fast or slow heartbeat, severe muscle cramps, severe nausea or vomiting, unusual paleness, and coldness of skin or severe weakness. Any of these symptoms require calling parent or nurse unless student is unconscious or having seizures. It is extremely rare to need immediate emergency intervention; if (\_\_\_\_) needs emergency care call (911).
3. (\_\_\_\_) is medicated as needed with Alupent, Brethine, Brethaire, Maxair, Tornalate, and Xoponex.
  - a. Bronchodilators are used to relax muscles in and around the airways. They act rapidly. Bronchodilators help to prevent exercise-induced asthma.
  - b. Common side effects that usually do not require intervention unless troublesome or worrisome include: feeling anxious, rapid heart rate, headache, nausea, insomnia, and tremor/shakiness.
4. (\_\_\_\_) is medicated as needed with Beclovent, Vanceril, Azmacort, Aerobid.
  - a. It is used to reduce swelling of airways, inflammation and mucus production and decrease airway irritability.
  - b. Common side effects that usually do not require intervention unless troublesome or worrisome include: oral yeast infection and/or hoarseness.
5. (\_\_\_\_) is medicated as needed with Atrovent.
  - a. Atrovent is used to reduce tightness of muscles around airways and mucus production induced by cholinergic nerves.
  - b. Common side effects that usually do not require intervention unless troublesome or worrisome include: nervousness, nausea, headache, dizziness, cough, dryness of mouth.

6. (\_\_\_\_) takes Prednisone Medrol or Pediapred (a steroid) to reduce inflammation.
  - a. Prednisone is used to decrease airway twitching, reduces inflammation, swelling of airways and mucus production. Short bursts can interrupt asthma episodes.
  - b. The side effects that must be reported promptly to parents and school nurse include: behavior changes, stomach pain, blood in the stool or vomiting blood.
  - c. Common side effects that do not require notifying parent unless worrisome, include: moon-shaped face, flushing, acne, and headache. These side effects can negatively impact a student's self-image and school staff should be sensitive to this.
  - d. Long-term side effects can cause weight gain, acne, and slowing of growth.
  - e. Educational implications of prednisone are minimal.
  - f. Prednisone should always be taken with food to prevent stomach upset.
  - g. Prednisone should never be discontinued without physician instruction.
7. (\_\_\_\_) is medicated as needed with Theophylline, Slo-Bid, or Theo-Dur, Theo-24.
  - a. It is used to relax muscles in and around airways. It is long acting and helps prevent asthma attacks.
  - b. Common side effects that usually do not require intervention unless troublesome or worrisome include: shakiness, restlessness, nausea.
  - c. The side effects that must be reported promptly to parents include: vomiting, stomach cramps, diarrhea, headache, muscle aches, irregular heartbeat, and seizures.
8. (\_\_\_\_) is medicated as needed with Beconase, Vancenase, AQ, Nasacort, or Nasalide.
  - a. It is used to prevent and reduce swelling in nasal membranes.
  - b. Common side effects that usually do not require intervention unless troublesome or worrisome include: sensation of nasal burning or irritation, mild nosebleeds.
9. (\_\_\_\_) is medicated as needed with Nasalcrom.
  - a. Nasalcrom is used to prevent the symptoms of sneezing, runny nose, and itching.
    - b. Common side effects that usually do not require intervention unless troublesome or worrisome include: occasional sneezing or nasal stinging.
10. (\_\_\_\_) is medicated with Singular, Accolate, and Zuplo.
  - a. This drug is helpful in improving airflow and reducing asthma symptoms. It is given as a pill.
  - b. The most common side effects are headache and nausea.

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Physician Signature

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Parent Signature

**PERMISSION FOR SELF-ADMINISTRATION OF INHALER**

ON ANY OCCASION THAT STUDENTS MUST CARRY AN INHALER AT SCHOOL, THIS FORM MUST BE COMPLETED AND SIGNED IN ADVANCE BY THE STUDENT'S PARENT OR GUARDIAN, STUDENT, **AND THE PHYSICIAN**. THE FORM MUST BE ON FILE IN THE SCHOOL OFFICE AND THE INHALER MUST BE FURNISHED BY THE PARENT/GUARDIAN.

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REQUEST TO SELF-ADMINISTER AND/OR CARRY EMERGENCY INHALER AT SCHOOL

STUDENT'S  
NAME \_\_\_\_\_

MEDICATION \_\_\_\_\_  
\_\_\_\_\_

REASON FOR  
MEDICATION \_\_\_\_\_

DOSE \_\_\_\_\_

TIME(S) TO BE GIVEN \_\_\_\_\_

DATES TO BE  
GIVEN \_\_\_\_\_

I HEREBY REQUEST THAT \_\_\_\_\_ BE ALLOWED TO CARRY AND SELFADMINISTER HIS/HER INHALER AS PRESCRIBED BY OUR MEDICAL DOCTOR. **(PLEASE REQUEST THAT THE PHARAMCIST PLACE AN APPROPRIATE LABEL ON THE INHALER SO THAT IT IS EASILY IDENTIFIED.)**

**I RELEASE PERIMETER SCHOOL AND ITS EMPLOYEES OF ANY LEGAL RESPONSIBILITY WHEN THE ABOVE NAMED STUDENT ADMINISTERS HIS/HER OWN INHALER OR MISPLACES THE INHALER. I AUTHORIZE THE PERSONNEL OF PERIMETER SCHOOL TO ASSIST MY CHILD IN ADMINISTERING THE EMERGENCY INHALER. I HEREBY RELEASE AND WAIVE, AND FURTHER AGREE TO INDEMNIFY, HOLD HARMLESS OR REIMBURSE THE PERIMETER SCHOOL INC., THE INDIVIDUAL MEMBERS, AGENTS,EMPLOYEES AND REPRESENTATIVES THEREOF, FROM AND AGAINST ANY CLAIM, WHICH I,ANY OTHER PARENT OR GUARDIAN, ANY SIBLING, THE STUDENT, OR ANY OTHER PERSON, FIRM OR CORPORATION MAY HAVE OR CLAIM TO HAVE, KNOWN OR UNKNOWN, DIRECTLY OR INDIRECTLY, FOR ANY LOSSES, DAMAGES OR INJURIES ARISING OUT OF, DURING OR IN CONNECTION WITH THE ADMINISTRATION/SUPERVISION/ASSISSTANCE OR THE STUDENTS SELF-ADMINISTRATION OF THE EMERGENCY INHALER.**

I REALIZE THE PRIVILEGE OF SELF-ADMINISTRATION MAY BE REVOKED AT ANY TIME IF MY STUDENT IS NOT HANDLING THE MEDICATION SAFELY.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of parent/guardian date

STUDENTS RESPONSIBILITY:  
1. AT ALL TIMES I WILL KEEP THE INHALER IN MY POSSESSION.

2. I WILL USE THE INHALER ONLY AS PRESCRIBED BY MY DOCTOR.
  3. I WILL NOT SHARE THIS INHALER WITH OTHERS.
- I REALIZE I CAN LOSE THIS PRIVILEGE IF I MISHANDLE MY INHALER.

\_\_\_\_\_ / \_\_\_ / \_\_\_  
Student's signature date

\_\_\_\_\_ / \_\_\_ / \_\_\_  
Physician's signature date