

ASTHMA CARE PLAN
INSTRUCTIONS

Colorado state legislation requires that strict and specific documentation and practices must be in place before Montview staff can administer any medication to your child, for both prescribed and over-the-counter medications. A "**prescribed**" medication is one that you must buy from a pharmacist with a prescription from a physician, for example EpiPens and Albuterol. An "**over-the-counter**" medication can be purchased without a physician's prescription, for example, Tylenol and Benadryl.

Parents and Physicians, please read these instructions carefully!

1. The form must be completely filled out, including the reason for the medication. Physician, please fill out every line.
2. The form must be signed by BOTH the parent and the prescribing physician.
3. The medication provided to the school must be EXACTLY what is listed on the form. For example, if your form says "Albuterol", you cannot provide anything except Albuterol.
4. The medication provided must be in the same "form" as what is listed on the plan. For example, if your plan says "nebulizer", you must provide us with nebulizer equipment and medications, not an inhaler. If your form indicates your child needs a Spacer, a Spacer MUST be provided with the inhaler medication.
5. If there are specific instructions for the administering of a medication - for example, given with food - the instructions must be written on the plan by the prescribing physician. It cannot be changed by the parents. For example, if you want to include a breath lozenge for your child to help get rid of the taste of an inhaled medication, it MUST be written on the plan by your physician.
6. The medication has to be in the original container (box).
7. The child's name must be written on the medication container with permanent marker.
8. ALL prescription medications (as opposed to over-the-counter medications) must have the original prescription label on them and be in the original container.
9. Instructions and information on the forms should be in "lay" terms for non-medical people.
10. "As Needed" will **not** be accepted on any form.

Please don't hesitate to call us with ANY questions about medications. Our goal is to keep your child safe!



COLORADO SCHOOL ASTHMA CARE PLAN:

NAME:	BIRTH DATE:
TEACHER:	GRADE:
PARENT/GUARDIAN:	CELL PHONE:
HOME PHONE:	WORK PHONE:
OTHER CONTACT:	PHONE:
PREFERRED HOSPITAL:	

Triggers: Weather(cold air, wind) Illness Exercise Smoke Dog/Cat Dust Mold Pollen Other: _____
 Give 2 puffs of _____ rescue med 15 minutes before activity. Indications: Phys Ed class exercise/sports Recess
Explanation:
 Repeat in 4 hours if needed for additional or ongoing physical activity

YELLOW ZONE: SICK – UNCONTROLLED ASTHMA (Health provider complete dosing for rescue inhaler)

IF YOU SEE THIS:	DO THIS:
<ul style="list-style-type: none"> • Difficulty breathing • Wheezing • Frequent cough • Complains of chest tightness • Unable to tolerate regular activities but still talking in complete sentences • Other: 	<ul style="list-style-type: none"> • Stop physical activity • GIVE RESCUE MED (NAME): _____ <input type="checkbox"/> 1 PUFF <input type="checkbox"/> 2 PUFFS <input type="checkbox"/> OTHER: <input type="checkbox"/> VIA SPACER • If no improvement in 10-15 minutes, repeat use of rescue med: <input type="checkbox"/> 1 PUFF <input type="checkbox"/> 2 PUFFS <input type="checkbox"/> OTHER: <input type="checkbox"/> VIA SPACER • If student's symptoms do not improve or worsen, call 911 • Stay with student and maintain sitting position • Call parents/guardians and school nurse • Student may resume normal activities once feeling better

• **IF THERE IS NO RESCUE INHALER AT SCHOOL:**
> CALL PARENTS/GUARDIANS TO PICK UP STUDENT AND/OR BRING INHALER/MEDICATIONS TO SCHOOL
> INFORM THEM THAT IF THEY CANNOT GET TO SCHOOL, 911 MAY BE CALLED

IF YOU SEE THIS: RED ZONE	DO THIS IMMEDIATELY:
<ul style="list-style-type: none"> • Coughs constantly • Struggles or gasps for breath • Trouble talking (only able to speak 3-5 words) • Skin of chest and/or neck pull in with breathing • Lips or fingernails are gray or blue • ↓Level of consciousness 	<ul style="list-style-type: none"> • GIVE RESCUE MED (NAME): _____ <input type="checkbox"/> 1 PUFF <input type="checkbox"/> 2 PUFFS <input type="checkbox"/> OTHER: <input type="checkbox"/> VIA SPACER • Repeat rescue med if student not improving in 10-15 minutes • 911 Inform attendant the reason for call is ASTHMA • Call parents/guardians and school nurse • Encourage student to take slower deeper breaths • Stay with student and remain calm • <i>School personnel should not drive student to hospital</i>

INSTRUCTIONS FOR RESCUE INHALER USE: HEALTH PROVIDER: PLEASE CHECK APPROPRIATE BOX(ES)

- Student understands the proper use of his/her asthma medications, and in my opinion, can carry and use his/her inhaler at school independently
- Student is to notify his/her designated school health officials after using inhaler
- Student needs supervision or assistance to use his/her inhaler. If not self carry, the inhaler is located:
- Student has life threatening allergy, the EpiPen is located:

HEALTH CARE PROVIDER SIGNATURE _____ PLEASE PRINT PROVIDERS NAME _____ START DATE _____ END DATE _____
Fax number _____ Phone Number _____

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our physician. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Asthma Care Plan for my child.

PARENT SIGNATURE DATE SCHOOL NURSE SIGNATURE DATE