

NORTH SANTIAM SCHOOL DISTRICT

**SCHOOL ASTHMA INFORMATION AND TREATMENT PLAN 2023-2024**

Student Name: \_\_\_\_\_ Grade 2023-2024: \_\_\_\_\_

Date: \_\_\_\_\_ School: \_\_\_\_\_

*Complete this form if your child has taken medications, received treatment or missed school due to asthma in the past 3 years.* If it has been more than 3 years and you do not feel that school staff needs to be aware of your child’s asthma, please initial the box in the next paragraph. If you desire a conference with the District Nurse, please call for an appointment (503) 769-4930.

\_\_\_\_\_ (Initial only if your child does not require any asthma care). My child has been free of asthma symptoms for the past 3 years. I will notify school staff if this changes. Staff does not currently need to be aware of my child’s asthma history.

**Asthma Management/Treatment**

- Daily Asthma Controller Medications:  

|                  |       |                                |
|------------------|-------|--------------------------------|
| Medication Name: | Dose: | When to use (daily, as needed) |
| _____            | _____ | _____                          |
| _____            | _____ | _____                          |
| _____            | _____ | _____                          |
- Does your child use a peak flow meter at home? \_\_\_\_ Yes \_\_\_\_ No  
 Will you be supplying a peak flow meter for use at school? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Maybe  
 Peak flow is a very effective way to manage asthma. The school district is very willing to work with you and your health care provider to monitor peak flow at school.

**Asthma Trigger & Symptoms**

- What triggers your child’s asthma? (Check all that apply.)  

|                    |                      |                             |
|--------------------|----------------------|-----------------------------|
| ____ Allergies     | ____ Emotions/Stress | ____ Cigarette Smoke        |
| ____ Medications   | ____ Dust            | ____ Respiratory Infections |
| ____ Animals _____ |                      | ____ Other _____            |
- Please check applicable **signs and symptoms** of the asthma episode in your child:  

|                                      |  |
|--------------------------------------|--|
| ____ Anxious/fearful                 | ____ Shortness of breath (breathing hard/fast)   |
| ____ Bluish color of nail beds, skin | ____ Verbalizes discomfort   |
| ____ Chest tightness                 | ____ Changes in behavior, confusion, lethargy, decreased level of consciousness          |
| ____ Chest sucks in when breathing   | ____ Inability to speak in full sentences; without taking breath or only able to whisper |
| ____ Coughing                        | ____ Low stamina during physical activity  |
| ____ Frequent clearing of throat     |  |
| ____ Wheezing                        |  |
- What are your child’s early warning signs of an asthma episode? (Check all that apply.)  

|                        |                       |                  |
|------------------------|-----------------------|------------------|
| ____ Cough             | ____ Cold Symptoms    | ____ Wheezing    |
| ____ Drop in Peak Flow | ____ Decreased Energy | ____ Other _____ |
- Does your child understand asthma triggers and reliably report difficulty? \_\_\_\_ Yes \_\_\_\_ No
- Do you expect his/her asthma to impact school? \_\_\_\_ Yes \_\_\_\_ No

**OVER →**

**Asthma history**

8. When was your child diagnosed with asthma? \_\_\_\_\_
9. In the past year:  
Number of missed school days due to asthma? \_\_\_\_\_  
Number of doctor's office visits due to asthma? \_\_\_\_\_
10. Number of times treated for asthma in the emergency room? \_\_\_\_\_  
Has your child ever been hospitalized overnight due to asthma? \_\_\_\_\_ Yes \_\_\_\_\_ No  
When? \_\_\_\_\_
11. Please check all concerns related to your child's asthma that may need to be considered at school. (Contact District nurse if needed.)  
None \_\_\_\_\_  
\_\_\_\_\_ Recess/Gym Class                      \_\_\_\_\_ Seasonal - spring allergens  
\_\_\_\_\_ Specific Foods                              \_\_\_\_\_ Field trips - forest, fields  
\_\_\_\_\_ Field Trips                                      \_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_ Animals/Pets
- Parent/Guardian: \_\_\_\_\_ Home phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Work /cell phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_
- Asthma Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

12. Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

13. District Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

The usual procedure followed at school for a student's asthma is:

1. Allow student to use his/her prescribed asthma medication with assistance given as needed.
2. Encourage student's relaxation (e.g., slow, deep breathing; sipping warm fluids, etc.)
3. Stay with student; monitor for symptoms.
  - a) If symptoms decrease 15 minutes after taking medication, student may return to class.
  - b) If symptoms remain the same 15 minutes after taking medication parents will be contacted.
  - c) If symptoms increase in severity, 911 will be called and CPR begun if necessary.

**Call 911 for help if student:**

- Shows no improvement 15-20 minutes after initial treatment with medication/inhaler.
- Has a peak flow of \_\_\_\_\_
- Has difficulty breathing with chest or neck pulled in or with body hunched over.
- Ribs are showing or nostrils are wide open.
- Is struggling for breath and unable to verbalize words/sentences.
- Has trouble walking or talking.
- Lips or fingernails are gray or blue.
- No inhaler at school with signs of working hard to breath

| <u>Green Zone</u>   | <u>Yellow Zone</u>   | <u>Red Zone</u>  |
|---|--|--|
| Breathing is good<br>No cough or wheezing<br>Can work/exercise easily<br>Sleeping all night | Difficulty breathing<br>Coughing or wheezing<br>Tightness in chest<br>Difficult to work/exercise<br>Wake at night coughing | Very hard to breathe<br>Nostrils open wide<br>Medicine is not helping<br>Trouble walking or talking<br>Lips or fingernails are blue/gray |