

NORTH SANTIAM SCHOOL DISTRICT

SCHOOL ASTHMA INFORMATION AND TREATMENT PLAN 2022-2023

Student Name: _____ Grade 2022-2023: _____
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

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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

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