

Individual Health Plan: Asthma School Setting



Student Name: _____ Date of birth: _____ School year: _____

School: _____ Grade: _____ Homeroom Teacher: _____

Asthma Medical Management Plan: Yes No* Date of Plan: _____

*If no Healthcare provider orders, only Emergency care can be provided

Health Concern: _____ Date of Diagnosis: _____

Goal: Avoid asthma attack/maintain airway

Physician Name: _____ Physician Phone Number: _____

Contacts	Name	Relationship	Phone Number	Alternate Phone Number
1.				
2.				

Asthma History
1. When was your child diagnosed with asthma: _____ 2. How many times in the last year has this student been seen in the emergency room for their asthma: _____ 3. When was your child's last asthma attack: _____ 4. My child's symptoms include: _____ 5. Can the student identify early warning signs and symptoms that indicate the onset of an asthma episode and need for quick relief: _____ 6. Can your child identify his/her asthma symptoms that indicate the need for help or medical attention: _____

Triggers and Warning Signs
The student's known triggers for an asthma episode are (Please check all that apply) <input type="checkbox"/> Animals <input type="checkbox"/> Weather <input type="checkbox"/> Illness <input type="checkbox"/> Dust <input type="checkbox"/> Pollen <input type="checkbox"/> Strong odors or fumes <input type="checkbox"/> Exercise <input type="checkbox"/> Food <input type="checkbox"/> Other: _____
The student's symptoms (Please check all that apply) <input type="checkbox"/> Coughing <input type="checkbox"/> Wheezing <input type="checkbox"/> Prolonged Expiration <input type="checkbox"/> Tightness in chest <input type="checkbox"/> Gasping for air <input type="checkbox"/> Skin/lip color change <input type="checkbox"/> Other: _____

Student's Self Care: (Ability level to be determined by School Nurse and Parent with input from Healthcare Provider)			
• Self-Managed: <input type="checkbox"/> No <input type="checkbox"/> Yes *If Yes attach required Consent and Release to Self-Carry and Self Administer Inhaler			
1. My Child will have medication(s) available at school for their asthma. List Asthma medications used at school: _____ _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
2. My Child's Inhaler will be kept: a. In the nurse's office only..... b. In my child's possession only..... c. In both the nurse's office and in my child's possession.....	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Are there any activity restrictions to reduce the risk of an asthma episode (If yes, please explain): _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Additional Information

Before school care: No Yes (Hours)_____

After school care: No Yes (hours)_____

Rides School Bus: No Yes (*bus care plan required*)

Bus # A.M. _____ P.M. _____

504/ IEP on file: No Yes

Field Trip Information and Special Events:

- Notify parent and school nurse in advance so proper training can be accomplished
- Adult staff must be trained and responsible for student's needs on field trip
- Emergency supplies must accompany student on field trip

Parent Responsibilities

- Inform the nurse of my child's asthma prior to the beginning of the school year or as soon as possible after diagnosis.
- Complete and return the signed Emergency Action Plan.
- Provide the school with up-to-date medications as needed
- Periodically teach and review with my child the following:
 - ✓ To recognize the first symptoms of an asthma attack
 - ✓ To communicate as soon as they feel an asthma attack is starting
- Notify the health office if my child will be participating in any extracurricular activities.

Student Responsibilities

- Recognize the first symptoms of an asthma attack
- Know where the rescue inhaler is kept
- Inform an adult as soon as asthma symptoms appear
- If self carries, only carry inhaler on self
- Use inhaler as ordered

School Nurse/ Health Aid Responsibilities

- Educate all staff that interact with the student about asthma symptoms and steps required to implement the Emergency Action Plan. Review emergency procedures with teacher(s) prior to field trips as needed.
- Develop a plan for access to emergency medication
- If student rides the bus, provide a copy of bus Care Plan to the bus company
- A copy of the student's Emergency Action Plan and IHCP will be kept in the health office and child's homeroom

Teacher Responsibilities

- A student with suspected asthma symptoms will be accompanied to the health office or the nurse will be called to the location.
- Keep a copy of the student's Emergency Action Plan and IHCP in the classroom and in the sub folder.
- Plan for the following on field trips:
 - ✓ Review the Emergency Action Plan before the field trip.
 - ✓ Pick up emergency medication prior to a field trip.
 - ✓ Carry a cell phone to call 911 if needed.
- Implement the accommodations that the parent indicated "yes" in the parent section.

Principal Responsibilities

- Provide walkie-talkies to the nurse/ health aide, playground, cafeteria and P.E. staff

Healthcare plan has been reviewed and signed by:

Parent: _____ Date: _____

Health Aide: _____ Date: _____

Nurse/District Nurse: _____ Date: _____