

MAINE SCHOOL ASTHMA PLAN

Child Name: _____

Date of Birth: _____

School: _____

Grade: _____

Teacher: _____

Rm #: _____

School Nurse: _____

School tel: _____

School fax: _____

TO BE COMPLETED BY PARENT OR GUARDIAN:

I authorize the exchange of medical information about my child's asthma between the physician's office and school nurse.

Parent or Guardian signature: _____ Date: _____

Parent or Guardian tel.# home: _____ work: _____ cell phone: _____

Physician/Healthcare Provider Name: _____ Parent concerns: _____

My child may carry and use his/her: Inhaled asthma medicine Yes No Epi-Pen Yes No N/A

TO BE COMPLETED BY STUDENT'S PHYSICIAN/HEALTHCARE PROVIDER:

Provider name: _____ Tel.#: _____ Fax# _____

NO changes from previous plan

Peak Flow:

Child's predicted, or personal best peak flow: _____ Date: _____

Child's Green Zone: _____ Yellow Zone: _____ Red Zone: below _____

Medications:

Preventive (Controller) Medications: _____

Quick Relief Medications: (check the appropriate quick relief med, circle device, list dose/frequency):

Albuterol (Proventil, Ventolin) Pirbuterol (Maxair) Other: _____

▶ Inhaler with spacer OR nebulizer ▶ Dose/Frequency: _____

Allergies /Triggers for asthma: None known

Avoid animals

Other triggers to avoid: _____

Exercise Pretreatment Instructions (check all that apply)

Give 2 puffs of quick relief inhaler 15 minutes prior to recess/ physical education and/ or _____

May repeat 2 puffs of quick relief inhaler if symptoms recur with exercise, or _____

Measure Peak Flow prior to recess / physical education; restrict aerobic activity when child's peak flow is below _____

Asthma Exacerbation Treatment Instructions:

➤ **YELLOW ZONE:** If child is coughing, wheezing or short of breath, and/or peak flow is in Yellow Zone:

Give 2 puffs of child's quick relief inhaler with spacer (or nebulizer treatment). May be repeated in 10 minutes if doesn't recover to Green Zone. Notify parents of exacerbation.

Other: _____

➤ **RED ZONE:** If child is in respiratory distress, and/or peak flow is in Red Zone:

Give 4 puffs quick relief inhaler (or nebulizer treatment), and call parent and Healthcare Provider.

Call 911 if child does not improve quickly or parents/Healthcare Provider cannot be reached.

Other: _____

Special Instructions:

Maine law now permits students to carry and use inhaled medications and Epi-pen after demonstrating appropriate use of Inhalers and or Epi-Pen to School nurse. Please check appropriate boxes below:

➤ This student has the knowledge and skill to carry and use: Inhaled medication Epi-pen

➤ This student is not able to carry and use by himself/herself: Inhaled medication Epi-pen

➤ Please contact Healthcare Provider and parent if student is using quick relief medicines more than 2 times a week (i.e. in excess of pre-exercise treatment)

Other: _____

Healthcare Provider signature

Date

TO BE COMPLETED BY SCHOOL NURSE: This student demonstrates knowledge and skill to carry and use:

Inhaler medications YES NO

Epi-Pen YES NO N/A

School Nurse Signature

Date

Maine Asthma Council

(revised 7/15/2004)

For additional copies of this form, call American Lung Association of Maine at 1-800-499-LUNG