

Hawthorn District #73
Vernon Hills, Illinois 60061
ASTHMA MANAGEMENT PLAN
(To be completed by parent - in black ink)

School Year _____ to _____

Name _____ Grade _____ Teacher _____

Mother _____ Phone _____ Father _____ Phone _____

Physician treating student's asthma _____ Phone _____

IDENTIFY THE THINGS WHICH MAY START AN ASTHMA EPISODE (Check all that apply)

- Exercise - types: _____
- Respiratory infections, colds Seasonal/weather changes - time of year _____
- Allergies: mold dust pollen animals (type) _____
- food (type) _____ medication (type) _____ other _____

SYMPTOMS OF AN ASTHMA EPISODE (Check all that may apply)

- Wheezing Coughing Difficulty breathing Shortness of breath Other _____

APPROXIMATE FREQUENCY OF ASTHMA EPISODES: _____

PEAK FLOW MONITORING (If applicable)

Zones: Green: above _____ Yellow: _____ to _____ Red: below _____

PHYSICAL EDUCATION/TEAM SPORTS/RECESS

- Full participation at all times, no asthma-related restrictions
- Full participation unless symptoms are present or develop
- Participation with the following modifications:
 - Peak flow must be above _____
 - Allow student to self-pace
 - Warm-up exercises
 - Short duration aerobic activities, as tolerated
 - Built-in rest periods, as needed
 - Indoor alternative if outside temperature is below _____ degrees.
 - Other _____

PREVENTION

List any environmental control measures, dietary restrictions, or other factors needed to prevent an asthma episode: _____

(OVER)

DAILY PREVENTIVE MEDICATION (at home)

<u>MEDICATION/ROUTE</u>	<u>AMOUNT</u>	<u>TIME</u>	<u>SIDE EFFECTS</u>
_____	_____	_____	_____
_____	_____	_____	_____

STEPS TO TAKE DURING AN ASTHMA EPISODE - Refer immediately to the nurse who will:

1. Give PRN/rescue medication listed below:

<u>MEDICATION/ROUTE</u>	<u>AMOUNT</u>	<u>TIME</u>	<u>SIDE EFFECTS</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. Have student return to class *if symptoms resolve* within _____ minutes.
3. Contact parent *if symptoms persist*. If unable to reach parent, call 911 if any of the following occur:
- No improvement in _____ minutes after initial treatment
 - Peak flow of _____ or below
 - Difficulty breathing with chest and neck retractions, hunched position, trouble walking or talking
 - Lips or fingernails are blue or gray
 - Other _____

INSTRUCTIONS

- If school is unable to reach parent in an emergency, permission is granted to contact physician listed above or arrange to transport to emergency room.
- This student must carry an inhaler at all times, because of the severity of asthma, and is deemed responsible with the use of the inhaler. Ideally, a back-up inhaler will be kept with the nurse. The student will see the nurse if the medication is not effective and agrees to check in periodically with the nurse for monitoring.
- This student has been instructed in the proper use of his/her medication. He/she understands how to manage asthma and can do so in school, under the direct supervision of the nurse.
- This student needs assistance from the nurse in administering his/her medication and will require assistance in regulating his/her activity and monitoring peak flow levels.
- I/we agree to release this information to the following staff members *as appropriate*, with the expectation that confidentiality will be respected at all times:
 - Teachers
 - Administrators
 - PE.teacher
 - Substitute teacher
 - After school club/coaches
 - Recess/kitchen staff
 - Bus Personnel
 - Other _____

Parent signature: _____

Date _____