

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

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ASTHMA PLAN INSTRUCTIONS

Every student with asthma in grades kindergarten through twelve should have a current Maine School Asthma Plan completed and signed by their physician (or other health care provider) and kept on file in the school nurse's office. The form must also be signed by a parent/guardian. The plan should be updated each year or when there are major changes to the plan (such as in medication type or dose). The physician's office is encouraged to fax the plan to the student's school nurse.

The school plan is intended to strengthen the partnership of families, healthcare providers and the school. It is based on the NHLBI Guidelines for Asthma Management. (For more information contact the school nurse or www.nhlbi.nih.gov).

CARRYING AND ADMINISTERING QUICK RELIEF INHALERS and/or Epi-Pen:

- Most students are capable of carrying and using their quick relief inhaler by themselves. The student, student's parents, school nurse and healthcare provider should make this decision. The school nurse must also evaluate technique for effective use.
- The appropriate boxes must be checked by the parent, provider and school nurse to indicate the student's ability to carry and self-administer these medications.

USE OF QUICK RELIEF MEDICATIONS MORE THAN TWICE WEEKLY:

- This indicates poor control of asthma, and providers should be notified by the school nurse or designated staff.

PEAK FLOW ZONES (based on student's personal or predicted best):

Green zone: Peak flow 80-100%

- Symptoms and/or use of quick relief medication ≤ 2 times a week
- Use daily controller medication at home
- Full participation in physical education and sports

Yellow zone: Peak flow 50-80%

- Has symptoms or needs quick relief medication >2 times a week
- Needs quick relief medication and further observation by school nurse; notify parents
- Attend physical education but restrict strenuous aerobic activity

Red zone: Peak flow $<50\%$

- Symptoms may include shortness of breath, retractions, difficulty talking or walking; quick relief medication not effective
- Requires immediate action, close monitoring and notification of parent and healthcare provider