## Physician and Parent School Asthma Management Plan

Students Name:	
Physician:Physician Phone:	
•	•
<b>RESCUE:</b> With Breathing Difficulties	Give Rescue Medicine:
Administer of administration or until breathing difficulties are 1	medicine. Observe student for twenty minutes after rescue medicin relieved. If student is still experiencing breathing difficulties after 20 minutes:
	tment. Observe student for twenty minutes between treatments or until breathing are treatment a total of times to relieve breathing difficulties.
<ul> <li>If student's breathing difficulties are no child from school and notified of need for the school and need</li></ul>	lly with 10 second breath hold, wait at least 30 seconds between puffs.  It relieved after the above maximal treatment, parents should be called to come pick-up for call to physician for urgent medical attention.  It requires to relieve breathing difficulties or student requires rescue treatment more
_	should be notified of need to schedule physician office visit for poorly controlled asthma
	of breath or lips and fingernail beds are blue emergency medical services should be escue albuterol treatments given until EMS arrives.
SICK PLAN: <u>During Asthma Flare</u>	-ups scheduled rescue treatments are needed:
For one week following an ER or physician offi	ice visit for an asthma flare-up or notification of sickness by parent: Administer
<u>of</u>	every four hours and before PE or other strenuous activities. If student
requires rescue treatment before four-hour treat physician visit.	ment interval parents should be called to pick-up student and notified of need for
	nt/guardian to notify the school nurse of student's asthma flare-up or chest cold and the
<ul> <li>need for scheduled treatments</li> <li>After 24hrs on the above sick plan treat</li> </ul>	ment if the asthma symptoms do not improve or get worse parents should be called to
pick up child and notified of need for ph	
office visit for poorly controlled asthma	a symptoms do not disappear parent should be notified of need to schedule a physician
	be followed by a Physician Office visit within 3 days. Unless contrary to ER physicians
DAILY ASTHMA CONTROL: Name	of Medication:
How many: How many  • Known Allergies and Asthma Triggers	
	to airway irritants like smoke, dust, and high levels of ozone.
Needs inhaler with him/her at school. Stud OR	lent also needs inhaler available for rescue in Health Room.
☐ Does not need inhaler with him/her at scho	ool. Student should go to health room for administration of this medication by school
nurse or designated school district employee.	scue inhaler before PE every day except during asthma flare-up.
	out initial colors 12 every and energy assume time up.
described in plan. I agree to communication of c	MA MANAGEMENT PLAN. My child has my permission to use inhaler at school as changes in my child/guardian's asthma condition and management plans between my I, as the person responsible for my child/guardian's medical care, will be my child's medical care.
Guardian's Signature:	Date:
	hool in health room according to plan, and agree with plans for management of student's
Physician's Signature:	Date: