

Last, First

Grade:

#

DOB:

Confidential 2017-2018

Jefferson County Public Schools –Student Health Plan

Prepared by RN - District Nurse (720--) name@jeffco.k12.co.us



Parent/Guardian contacts:

Physician Name:

Number:

Fax:

COLORADO SCHOOL ASTHMA CARE PLAN

Triggers: Weather (cold air, wind) Illness Exercise Smoke Dust Pollen Other:
Life threatening allergy: Specify

If there is no quick relief inhaler at school and the student is experiencing asthma symptoms:

- Call parents/guardians to pick up student and/or bring inhaler/ medications to school
Inform them that if they cannot get to school, 911 may be called

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our physician. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Asthma Care Plan for my child.

PARENT SIGNATURE

DATE

SCHOOL NURSE SIGNATURE

DATE

504 PLAN OR IEP

HEALTH CARE PROVIDER to complete all items, SIGN and DATE completed form.

GREEN ZONE: Student participation in activity and need for pretreatment. No current symptoms.

Pretreatment for strenuous activity: Not Required
Pretreatment for strenuous activity: Routinely OR Upon request Explain: (weather, viral, seasonal, other)
Give 2 puffs of quick relief med (Check One): Albuterol Other: 10-15 minutes before activity.
Repeat in 4 hours if needed for additional or ongoing physical activity.
If student currently experiencing symptoms, follow yellow zone.

YELLOW ZONE: SICK – UNCONTROLLED ASTHMA

IF YOU SEE THIS:

- Trouble breathing
Wheezing
Frequent cough
Complains of chest tightness
Not able to do activities but still talking in complete sentences
Peak flow between and
Other:

DO THIS:

- 1. Stop physical activity
2. GIVE QUICK RELIEF MED: (Check One) Albuterol Other: 2 puffs Other:
3. Call parents/guardians and school nurse.
4. Stay with student and maintain sitting position.
5. Student may go back to normal activities once feeling better.
If symptoms do not improve in 10-15 minutes or worsen after giving quick relief medicine, follow RED ZONE plan.

RED ZONE: EMERGENCY SITUATION – SEVERE ASTHMA SYMPTOMS

IF YOU SEE THIS:

- Coughs constantly
Struggles to breathe
Trouble talking (only speaks 3-5 words)
Skin of chest and/or neck pull in with breathing
Lips or fingernails are gray or blue
Level of consciousness
Peak flow <

DO THIS IMMEDIATELY:

- 1. GIVE QUICK RELIEF MED: (Check One) Albuterol Other: 2 puffs Other:
Refer to anaphylaxis plan if student has life threatening allergy.
2. Call 911 and inform EMS the reason for the call.
3. Call parents/guardians and school nurse.
4. Encourage student to take slow deep breaths.
5. If symptoms continue, repeat quick relief med: Albuterol Other: 2 puffs Other:
6. Stay with student and remain calm.
7. If in 20 minutes from first dose, EMS has not arrived and symptoms remain, repeat quick relief medicine (up to 4 more puffs).
8. School personnel should not drive student to hospital.

INSTRUCTIONS for QUICK RELIEF INHALER USE:

- Student understands the proper use of his/her asthma medications, and in my opinion, can carry and use his/her inhaler at school independently with approval from school nurse.
Student is to notify his/her designated school health officials after using inhaler
Student needs supervision or assistance to use his/her inhaler and inhaler will be kept (specify location)

HEALTH CARE PROVIDER SIGNATURE

PRINT PROVIDERS NAME

PHONE/FAX

DATE