

RUTHERFORD COUNTY SCHOOLS ASTHMA ACTION PLAN AND MEDICATION ORDERS

PARENT/GUARDIAN – complete top portion and sign at the bottom of form

Name:	Date of Birth:	Doctor:
Grade:	Teacher/Homeroom:	Phone:
Parent/Guardian:	Secondary Contact:	Fax:
Parent Email:	Secondary Contact Phone:	
Parent Phone:	Other Phone Number:	

Triggers (please circle): Weather (cold air, wind) Illness Exercise Smoke Dust Pollen Other: _____

Life threatening allergies: _____

Does student take DAILY Asthma medicines? If yes, please list here: _____

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

1) Call parent/guardian to pick up student and/or bring inhaler/medications to school.

2) Inform parent/guardian that if they cannot get to school, 911 may be called.

HEALTH CARE PROVIDER – PLEASE COMPLETE ALL ITEMS BELOW, SIGN and DATE completed form.

* Current prescription on hand reads as follows: _____

* Student is to use SPACER with inhaler: YES or NO

GREEN ZONE: No current symptoms. Student may participate in activities. Pretreatment instructions.

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 is currently experiencing symptoms, follow yellow zone.

YELLOW ZONE: SYMPTOMS ARE WORSENING – STUDENT IS SICK – UNCONTROLLED ASTHMA

<p>IF YOU SEE THIS:</p> <ul style="list-style-type: none"> * Trouble breathing * Wheezing * Frequent cough * Not able to do activities but still talking in complete sentences * Complains of chest tightness * Peak flow between ____ and ____ * Other: _____ 	<p>DO THIS:</p> <ol style="list-style-type: none"> 1. Stop physical activity. 2. GIVE QUICK RELIEF MED: (Check One): <input type="checkbox"/> Albuterol <input type="checkbox"/> Other: _____ Dose: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs <input type="checkbox"/> ____ puffs <input type="checkbox"/> Nebulizer treatment: _____ 3. May repeat quick relief medication if student is not improving: <input type="checkbox"/> YES or <input type="checkbox"/> NO. If YES: Give additional ____ puffs after ____ minutes if not improving. 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. 6. <i>If symptoms do not improve 10-15 minutes after above treatment or if symptoms worsen, follow RED ZONE plan.</i>
--	--

RED ZONE: EMERGENCY SITUATION – SEVERE ASTHMA SYMPTOMS

<p>IF YOU SEE THIS:</p> <ul style="list-style-type: none"> * 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 < ____ 	<p>DO THIS IMMEDIATELY:</p> <ol style="list-style-type: none"> 1. GIVE QUICK-RELIEF MED: (Check One): <input type="checkbox"/> Albuterol <input type="checkbox"/> Other: _____ <input type="checkbox"/> 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. Repeat quick relief medication if not improving after 20 minutes. Give an additional ____ puffs OR <input type="checkbox"/> Albuterol treatment: 5. Stay with student and remain calm. Encourage student to take slow deep breaths. <i>**School personnel should NOT drive student to hospital.</i>
--	--

INSTRUCTIONS for QUICK RELIEF INHALER USE: CHECK APPROPRIATE BOX(ES):

Student understands the proper use of his/her asthma medications and, in my opinion, can carry and use his/her inhaler at school independently.

Student is to notify school nurse or other designated adult at school (_____) after using inhaler.

Student needs supervision or assistance to use his/her inhaler and it will be kept (specify location): _____

HEALTH CARE PROVIDER SIGNATURE _____	PRINT PROVIDER'S NAME _____	PHONE _____	DATE _____
--------------------------------------	-----------------------------	-------------	------------

It is understood that any medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. I understand that I am responsible for furnishing all medications. The school nurse has permission to communicate with the healthcare provider regarding this medication and plan of care including, but not limited to, orders, clarification of orders, etc. I understand that the health care provider may disclose protected health information in consultation with the school nurses. All information obtained will remain confidential and be available on a need-to-know basis to those individuals who are involved in providing for your child's health and educational needs at school. In consideration of the acceptance of the request to perform this service by any person employed by the Rutherford County School System, the undersigned parent or guardian hereby understands and agrees that the Rutherford County School System and its personnel shall not be liable for any injury resulting from the reasonable and prudent administration of medication or the reasonable performance of health care procedures, including the administration of medication. I, the undersigned parent or guardian hereby understand and agree that the Rutherford County School System and its personnel shall not be liable for any injury resulting from the student's self-administration of the asthma-reliever inhaler, if applicable per health care provider's selection above, while on school property or at a school-related event or activity unless in cases of wanton or willful misconduct. (T.C.A. § 49-5-415)

By signing below, parent indicates agreement with the plan of action as described by health care provider.

PARENT/GUARDIAN SIGNATURE _____	DATE _____	SCHOOL NURSE SIGNATURE _____	DATE _____
---------------------------------	------------	------------------------------	------------