Loomis Union School District

Student Health Care Plan

ASTHMA

Student:	Birthdate:
School:	Grade/Teacher:

Insert Picture Here
(school use only)

Information: Bronchial asthma is one of the most common health problems seen in children. it is a reversible, obstructive process of the lungs causing swelling of the lining of the lungs, increased secretions, and smooth muscle constriction (bronchospasm). Many students, including Student, may require the use of their inhaler before exercising.

Student has diagnosis of Asthma. Triggers may include allergens, exercise, illness, dehydration, or other irritants.
Rescue Inhaler is ordered and located at : ______________________.

If you observe the following:	**Perform the following actions:**
Mild Episode: * Mild wheezing, Cough, Chest tightness and/or * Shortness of breath with activity but not at rest	**Mild Episode:** * Stop activity * Encourage student to remain calm * Allow student to use inhaler- can walk accompanied to health office, if indicated.
Moderate Episode: * Moderate wheezing, * Cough, * Chest tightness * Shortness of breath even at rest	**Moderate Episode:** * Do all of the above- Call school office to have inhaler brought to student ,if necessary * Have Student sit up and breathe slowly: in through the nose slowly- out through pursed lips even more slowly. * Offer a drink of water or fluid- not too cold. * Student to remain in the presence of school personnel who will be alert to worsening symptoms * **If symptoms do not improve in 5-10 minutes- repeat inhaler dose (3 times maximum)**
Severe Episode: * Severe shortness of breath * Wheezing may disappear * Cough, Chest tightness, Difficulty walking or talking, Skin pulled tight around neck or chest * Pale or gray lips/nail beds * Student appears to be struggling	**Severe Episode:** ***This is a medical emergency*** * Stay with Student * Alert the office of a severe asthma attack and student location- **Call 911** * Do all of the above actions * Keep the student calm and allow them to sit in a position of comfort, usually sitting up. Encourage purse lip breathing technique * If no improvement or **when in doubt, Call 911.** ***Notify parent(s) and district nurse.***
Emergency Episode: * ***The student is not breathing. The student passes out or is unconscious.***	**Emergency Episode:** * ***Begin CPR*** * ***Call 911- Be sure to give name and location*** * ***Call parents***

Parent Name:	Contact Phone Number:

Cc: Teachers; Principal/Front Office   School Nurse Initials: __________   Principal Initials: __________

Loomis Union School District

3290 Humphrey Road, Loomis, CA 95650 (916) 652-1800

SCHOOL MEDICATION ORDER FORM

Fax Information to:

☐ Franklin Elementary Phone: (916) 652-1818 Fax: (916) 652-1821	☐ Loomis Grammar Phone: (916) 652-1824 Fax: (916) 652-1826	☐ Placer Elementary Phone: (916) 652-1830 Fax: (916) 652-1832	☐ H. C. Powers Elementary Phone: (916) 652-2635 Fax: (916) 652-2679
☐ Penryn Elementary Phone: (916) 663-3993 Fax: (916) 663-2127	☐ Ophir Elementary Phone: (530) 855-3495 Fax: (530) 823-9101	☐ Loomis Basin Charter Phone: (916) 652-2642 Fax: (916) 652-1822	☐ LUSD Office Phone: (916) 652-1800 Fax: (916) 652-1809

Student Name ________________________________**School**____________________ **Date of Birth** ______________________

Parent's Name______________________________**Phone (home)**________________**Cell**__________**Work**__________ _______

Emergency Contact Name__________________________________**Phone (home)**_______________**Cell**__________________

To Be Completed By Health Care Provider:

Diagnosis/Significant Findings (Optional): ____

Allergies (Medication/Other substances):____

Name of Medication or Treatment	Reason	Dosage	Route	Time	Self- Carry? (Y/N) *Only for EpiPen or Inhaler*	Possible Side effects

For Student with Severe Allergy – generate a Health Care Plan for Allergies

For Student with Asthma:

Does student need medicine before PE or sports? ☐ No ☐ Yes ☐ PRN

Albuterol Inhaler- _____ puffs with spacer, 15-20 minutes before exercise; Other quick relief medication __________________________

If symptoms of coughing, wheezing, signs of difficulty breathing or ________________________:

1. Give quick relief medication Albuterol Inhaler _______ puffs (with spacer? Y___/N____)
   Other quick relief medication:______________________________**Location of medication:**_______________________
   (School to complete)
2. Have helper call guardian and school nurse
3. If symptoms do not improve, repeat in 5-10 minutes.
4. **Call 911** if you see any of the following: **Student having trouble walking or talking, stooped body posture, skin pulling in around collarbone and ribs with breathing, continuous coughing, or lips or fingernails turning gray, blue, or purple**
   May give _______ puffs albuterol every 20 minutes (3 times maximum) until medical help arrives.

My signature below provides the authorization for the above written orders. I understand that all procedures will be implemented in accordance to CA state laws and regulations. I understand that specialized physical health care services may be performed by unlicensed designated school personnel under the training and supervision provided by the school nurse. This authorization is for the maximum of one year. If changes are indicated, I will provide new written orders and authorization (may be faxed).

Health Care Provider Signature:____ **Date:**_________________________

Address:____ **Phone:** ________________________

To Be Completed By Parent: I authorize the school nurse and/or other trained school personnel to assist my child in taking his/her medications and treatments, and I authorize the nurse to consult with the Health Care Provider about my child's medical needs as necessary while my child is at school. I understand it is my responsibility to provide all medication, supplies and equipment and understand that if my child carries his own medication I should provide extra to be kept in the office in case needed.

Parent Signature:____ **Date:**_________________________

Student Name:_______________________

Medication Administration Log- **ASTHMA**
School Year:_________/_________

Physician Signature on order ☐ Parent Signature on file ☐ Physician Phone Number:___________________________

Medication Received:_________________________ Date:________________ Amount: ____________________ Dose:______________________

Directions:____

____

Does student need medicine before PE or sports? ☐Yes ☐No ☐ PRN

Albuterol Inhaler- _____ puffs with spacer, 15-20 minutes before exercise

Other quick relief medication____

If symptoms of coughing, wheezing, signs of difficulty breathing or____

1. Give quick relief medication Albuterol inhaler _puffs (with spacer? ☐Yes ☐No
   Other quick relief medication:_________________________________
2. If symptoms do not improve, repeat in 5-10 minutes. If student continues to have difficulty, see Asthma Health Care Plan; call 911
   May give_______puffs albuterol every 20 minutes (3 times maximum) until medical help arrives.

Initial box when administered.

Key: **IR:** If irregular situation; **AB**: If student is absent and does not receive medication **X**- If non-school day

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Medication discontinued or picked up by parent/guardian:
Date: ________Amount:____________________________
Parent Signature:_______________________________

Medication not picked up by deadline; destroyed by District Nurse/Secretary
Date:_________Amount:__________________________

Person(s) Administering Medication:

Signature: ______________________ Initials: ________ Date: ______
Signature: ______________________ Initials: ________ Date: ______
Signature: ______________________ Initials: ________ Date: ______

Documentation of Irregular Situations/Medication Not Given

Date:__________Notes:___________________________
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Date:__________Notes:___________________________
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Date:__________Notes:___________________________
____
Date:__________Notes:___________________________