

1745 West Grand
Haysville, Kansas 67060
Phone: 316-554-2200
Fax #: 316-554-2230



Beth Schutte, R.N.
District School Nurse

ASTHMA MEDICAL MANAGEMENT PLAN

Dear Parents or Guardian:

The enclosed Asthma care plan should be completed by the student's physician and parents/guardian. Please have the physician give guidelines on the treatment plan for when asthma symptoms occur, so that the school staff will be clear on what is to be done for your child.

Please also have the physician complete the attached form "Permission to Administer Medication." Please send inhaler in original labeled container from the pharmacy and include peak flow meter and spacer if one is to be used.

Each school year this plan must be completed by the student's physician and parents/guardian. If you have any questions or concerns, please call the Nurse or Health Aide in your child's school.

Thank you,
Beth Schutte, R.N.
District School Nurse for Haysville Schools

Kansas Asthma Action Plan

Student Name: _____ Date of Birth ____/____/____ Grade: _____

THE ABOVE STUDENT IS DIAGNOSED WITH ASTHMA. THIS FORM WILL ASSIST IN THE MANAGEMENT OF HIS/HER ASTHMA.
PLEASE PLACE THIS FORM IN THE STUDENT'S MEDICAL FILE

Parent/Guardian Name: _____ Number where can be reached: (____) _____ - _____

Student's Primary Care Provider: _____ Phone: (____) _____ - _____

Daily Medication Plan

<p>This is the student's daily medicine plan:</p> <ul style="list-style-type: none"> • The student has no asthma symptoms. • The student can do usual activities. • The student can sleep without symptoms. 	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;">Medicine/Dose</th> <th style="text-align: center; border-bottom: 1px solid black;">When to Give it</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;"> <input type="checkbox"/> Albuterol/Xopenex inhaler 2 sprays OR <input type="checkbox"/> Albuterol/Xopenex solution 1 dosage <input type="checkbox"/> _____ <input type="checkbox"/> _____ </td> <td style="border-bottom: 1px solid black;"> Every 4-6 hours as needed for wheezing/cough _____ </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> <input type="checkbox"/> Albuterol/Xopenex inhaler 2 sprays OR </td> <td style="border-bottom: 1px solid black;"> nebulizer treatment 15-20 minutes before exercise, only if needed </td> </tr> </tbody> </table>	Medicine/Dose	When to Give it	<input type="checkbox"/> Albuterol/Xopenex inhaler 2 sprays OR <input type="checkbox"/> Albuterol/Xopenex solution 1 dosage <input type="checkbox"/> _____ <input type="checkbox"/> _____	Every 4-6 hours as needed for wheezing/cough _____	<input type="checkbox"/> Albuterol/Xopenex inhaler 2 sprays OR	nebulizer treatment 15-20 minutes before exercise, only if needed
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Asthma Emergency Plan-What to do for increased asthma symptoms

<p>Do this first when asthma symptoms occur:</p>	<p>Have the student take Albuterol inhaler 2 sprays OR one nebulizer treatment every 20 minutes up to 3 times. This is a test dose to see if the student's asthma improves with Albuterol.</p>	<p>Trigger List:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chalk Dust <input type="checkbox"/> Cigarette Smoke <input type="checkbox"/> Colds/Flu <input type="checkbox"/> Dust or dust mites <input type="checkbox"/> Stuffed animals <input type="checkbox"/> Carpet <input type="checkbox"/> Exercise <input type="checkbox"/> Mold <input type="checkbox"/> Ozone alert days <input type="checkbox"/> Pests <input type="checkbox"/> Pets <input type="checkbox"/> Plants, flowers, cut grass, pollen <input type="checkbox"/> Strong odors, perfume, cleaning products <input type="checkbox"/> Sudden temperature change <input type="checkbox"/> Wood smoke <input type="checkbox"/> Foods: _____ <input type="checkbox"/> Other: _____
<p style="text-align: center;">What to do Next:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have the student return to the classroom. <input type="checkbox"/> Notify parents of students need for a quick relief medicine. 	<p style="text-align: center;">When to Do it:</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Have the student return to the classroom. <input type="checkbox"/> Notify parents of students need for a quick relief medicine. 	<p style="text-align: center;">Good Response to Test Dose of Albuterol</p> <ul style="list-style-type: none"> • The student's symptoms improve after 1-2 treatments. • The student no longer has symptoms (wheezing, coughing, shortness of breath, chest tightness.) • Student may continue Albuterol/Xopenex every 4 hours for 24-48 hours. 	
<ul style="list-style-type: none"> <input type="checkbox"/> Contact the parent or guardian. <input type="checkbox"/> Contact the PCP for step-up medicine. <input type="checkbox"/> _____ 	<p style="text-align: center;">Incomplete Response to Test Dose of Albuterol</p> <ul style="list-style-type: none"> • The student is experiencing mild to moderate symptoms (wheezing, coughing shortness of breath, chest tightness) after taking 3 treatments. • The student cannot do normal school activities. 	
<ul style="list-style-type: none"> <input type="checkbox"/> Seek emergency medical care in most locations, call 911. <input type="checkbox"/> Call the PCP _____ <input type="checkbox"/> _____ <input type="checkbox"/> NOTE: Wheezing may be absent because air cannot move out of the airways. 	<p style="text-align: center;">Poor Response to Test Dose of Albuterol</p> <ul style="list-style-type: none"> • The student does not feel better 20-30 minutes after taking the Albuterol. • The student has severe symptoms (coughing; extreme shortness of breath; skin reactions between the ribs or at the neck). • The student has trouble walking or talking. • The student's lips or fingernails are blue. • The student is struggling to breathe. 	

Signature of Parent/Guardian _____

____/____/____
Date

Signature of Physician _____

____/____/____
Date