

MAINE SCHOOL ASTHMA PLAN

Child Name: _____ Date of Birth: _____
School: _____ Grade: _____ Teacher: _____ Rm #: _____
School Nurse: _____ School tel: _____ School fax #: _____

① TO BE COMPLETED BY PARENT OR GUARDIAN:

I authorize the exchange of medical information about my child's asthma between the Physician's office and school nurse.

Parent or Guardian signature: _____ Date: _____
Parent or Guardian tel.# home: _____ work: _____ cell phone: _____
Physician/Healthcare Provider Name: _____ Parent concerns: _____

② TO BE COMPLETED BY STUDENT'S PHYSICIAN/HEALTHCARE PROVIDER:

Provider name: _____ Tel.#: _____ Fax# _____
 NO changes from previous plan.

Peak Flow

Child's predicted, or personal best peak flow: _____ (Date: _____)
Child's Green Zone: _____ Yellow Zone: _____ Red Zone: below _____

Medications:

Preventive (Controller) meds:

Quick relief meds (check the appropriate quick relief med, circle device, list dose/ frequency):

Albuterol (Proventil, Ventolin) Pirbuterol (Maxair) Other: _____
 Inhaler with spacer OR nebulizer Dose/Frequency: _____

Allergies /Triggers for asthma: OR None known

Avoid animals
 Other triggers to avoid: _____

Exercise Pretreatment Instructions (check all that apply)

Give 2 puffs of quick relief inhaler 15 minutes prior to recess/ physical education and/ or _____
 May repeat 2 puffs of quick relief inhaler if symptoms recur with exercise, or _____
 Measure Peak Flow prior to recess / physical education; restrict aerobic activity when child's peak flow is below _____

Asthma Exacerbation Treatment Instructions:

➤ **YELLOW ZONE: If child is coughing, wheezing or short of breath, and/or peak flow is in Yellow Zone:**

Give 2 puffs of child's quick relief inhaler with spacer. May be repeated in 10 minutes if doesn't recover to Green Zone.
Notify parents of exacerbation.

Other: _____

➤ **RED ZONE: If child is in respiratory distress, and/or peak flow is in Red Zone:**

Give 4 puffs quick relief inhaler (or nebulizer treatment), and call parent and Healthcare Provider;
Call 911 if child does not improve quickly or parents/Healthcare Provider cannot be reached.
 Other: _____

Special Instructions:

Student shall be permitted to carry and use his/her inhaled medicines him/herself after demonstrating appropriate use of inhaler to school nurse
 Contact Healthcare Provider and parent if student is using quick relief medicines more than 2 times a week (i.e. in excess of pre-exercise treatment)

Other: _____

Healthcare Provider signature

Date

Maine Asthma Council

(May 2003)

For additional copies of this form, call American Lung Association of Maine at 1-800-499-LUNG

MAINE SCHOOL ASTHMA PLAN INSTRUCTIONS

Every student with asthma in grades kindergarten through twelve should have a current Maine School Asthma Plan completed and signed by their physician (or other health care professional) and kept on file in the school nurse's office. The form must also be signed by a parent/guardian. The plan should be updated each year or when there are major changes to the plan (such as in medication type or dose). The physician's office is encouraged to fax the plan to the student's school nurse.

The school plan is intended to strengthen the partnership of families, healthcare providers and the school. It is based on the NHLBI Guidelines for Asthma Management. (For more information contact the school nurse or www.nhlbi.nih.gov).

CARRYING AND ADMINISTERING AND QUICK RELIEF INHALERS:

- Most students are capable of carrying and using their quick relief inhaler by themselves. The student, student's parents, school nurse and healthcare provider should make this decision. The school nurse should also evaluate technique for effective use.

USE OF QUICK RELIEF MEDICATIONS MORE THAN TWICE WEEKLY:

- This indicates poor control of asthma. Healthcare providers should check this box to be notified.

PEAK FLOW ZONES (based on student's personal or predicted best):

Green zone: Peak flow 80-100%

- Symptoms and/or use of quick relief medication ≤ 2 times a week.
Use daily controller medication at home
Full participation in physical education and sports

Yellow zone: Peak flow 50-80%

- Has symptoms or needs quick relief medication >2 times a week
- Needs quick relief medication and further observation by school nurse; notify parents
- Attend physical education but restrict strenuous aerobic activity

Red zone: Peak flow $<50\%$

- Symptoms may include shortness of breath, retractions, difficulty talking or walking, quick relief medication not effective
- Requires immediate action, close monitoring and notification of parent and healthcare provider

School Letterhead

DATE:

DEAR PARENT/GUARDIAN:

Please complete attached School Asthma Plan if your child has asthma (sometimes called reactive airways disease) and/or has an inhaler at school.

The purpose of this Plan is to keep your child, who has asthma, safe during the school day. Please complete the first section and send the Plan back to the school nurse. The school nurse will then FAX the Plan to your doctor for completion. If you prefer, you can give the Plan directly to your doctor and ask him/her to complete it and send it back to your school nurse.

The best way to keep your child with asthma safe is by having a current, updated Plan available on file at school. Please call the school nurse at your school if you have questions.

Thank you for your help.