Asthma Care Plan - Mora Schools

☐ Check if on file

All Emergency Contact People are to be identified on Student Information Forms.

Asthma Care Plan for _____

School: _____, Effective date: _____

Date of Birth: _____, Grade: ___, Teacher: _____

Asthma history

How severe is the asthma: 1 2 3 4 5
Not severe Severe

How many school days/year are missed due to asthma? _____

How many hospitalizations due to asthma in the past year: _____

How many E.R. visits due to asthma in the past year? _____

Health care provider treating the asthma? _____

Name of Clinic: _____

Phone number: _____

Triggers, check any that apply

- ☐ Smoke
- ☐ Chalk/chalk dust
- ☐ Dust/dust mites
- ☐ Cockroaches
- ☐ Grass/flowers
- ☐ Mold
- ☐ Exercise
- ☐ Feathers
- ☐ Strong smells/perfumes
- ☐ Animals, specify _____
- ☐ Foods, specify _____
- ☐ Having cold/respiratory illness
- ☐ Stress or emotional upsets
- ☐ Changes in weather
- ☐ Other: _____
- ☐ Other: _____

Asthma symptoms, check those that apply

- ☐ Wheezing
- ☐ Cough
- ☐ Upset stomach
- ☐ Runny nose
- ☐ Other: _____
- ☐ Complains of not feeling well
- ☐ Tightness of chest
- ☐ Labored breathing
- ☐ Retracting

Peak flow readings

Is a peak flow meter currently being used? Yes No

When are peak flow readings needed? _____

Personal best peak flow number is: _____

Identify peak flow zones:

Green (all clear), peak flow greater than _____

Yellow (guarded), peak flow between _____ and _____

Red (danger), peak flow less than _____

Do you have a medication plan for each zone? Yes No

If so, indicate plan in the medication section of this form.

Management of Asthma, check any that apply

- ☐ Medications, specify below
- ☐ Pursed lip breathing
- ☐ Sitting with arms forward on pillow or table
- ☐ Drinking room temperature fluids (coffee)
- ☐ Breathing exercises (belly breathing)
- ☐ Nebulizer
- ☐ Restrict physical activity during asthma episodes
- ☐ Other: _____

Medication:

When/zone	Name of medication(s)	Dosage/route

Can student identify early asthma symptoms? Yes No

Is a spacer/extender used with all inhalers? Yes No

Does student need assistance with using inhalers? Yes No

Will student need nebulizer at school? Yes No

Would you like to talk with the school nurse about your student's asthma? Yes No

If so call, 320-679-6232 to speak with
Shauna Cronk, LSN- District Nurse

Emergency plan:

School should notify the parent(s) when: _____

_____

_____

_____

Necessary asthma supplies:

Please list all asthma supplies for your student and their locations

Supplies	Location

Form completed by:

Parent/Guardian: _____ Date: _____

Form reviewed by:

School Nurse: _____ Date: _____

If you want your student to be responsible for administering their own asthma medications during the school day, complete the self-administration form.