

MAINE SCHOOL ASTHMA PLAN

Child Name:

DOB:

To be completed by parent or school:

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Rm #: \_\_\_\_\_
School tel: \_\_\_\_\_ School fax #: \_\_\_\_\_

To be completed by parent:

I authorize release of my child's medical records and asthma plans from my child's physician's office to the school nurse.

Parent or Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian tel.# / pager #: \_\_\_\_\_

Parent concerns: \_\_\_\_\_

To be completed by physician:

Physician name: \_\_\_\_\_ Tel.#: \_\_\_\_\_

Peak Flow

Child's predicted, or personal best peak flow: \_\_\_\_\_ Green zone: \_\_\_\_\_ Yellow zone: \_\_\_\_\_ Red zone: \_\_\_\_\_

Medications

> Preventive (Controller) meds:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

> Rescue inhaler/ nebulizer (check the appropriate rescue med, circle device, list dose/ frequency):

- Albuterol (Proventil, Ventolin) inhaler with spacer or nebulizer \_\_\_\_\_
 Maxair inhaler \_\_\_\_\_
 Other inhaler with spacer or nebulizer \_\_\_\_\_

Allergies /Triggers for asthma:

OR  None known

- Avoid animals
 Other triggers to avoid \_\_\_\_\_
 Child has history of severe food allergy: \_\_\_\_\_

Exercise Pretreatment Instructions

- Give 2 puffs of rescue inhaler 15 minutes prior to recess/ gym, and/ or \_\_\_\_\_
 May repeat 2 puffs of rescue inhaler if symptoms recur with exercise.
 Measure Peak Flow prior to recess / gym; 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 rescue 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 rescue inhaler (or nebulizer treatment of albuterol), and call parent and physician; Call 911 if child does not improve quickly or parents/physician cannot be reached.
 Other: \_\_\_\_\_

Special Instructions

- Student may carry and use his/her inhaled medicines him/herself after demonstrating appropriate use of inhaler to school nurse
 Contact physician and parent if student is using rescue medicines more than 2X/ week (i.e. in excess of normal pre-exercise treatment)

Other: \_\_\_\_\_

Physician signature

Date





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

*(May 2001)*