COVENANT
CHRISTIAN ACADEMY

Office of the School Nurse

Individual Health Care Plan
Academic year:____________________
***Asthma* (MA Asthma Action Plan on File)**

Student Name:_______________________________________Gr:___; DOB:_______
Parent/Guardian Name(s):____
Parent Emergency Phone #1______________________ #2______________________

Student's Physician:________________________________ Phone:____________________
Please note student will be transferred to nearest Emergency Department accepting patients at time of emergency

Routine Maintenance: ***Green Zone on MA Asthma Action Plan***
Oral Medication?: Name, dose, frequency:____
Inhaler(s)?: Name,dose, frequency:____
____

Symptomatic Treatment: ***Yellow Zone on MA Asthma Action Plan***
Student will see School Nurse
Rescue Inhaler: Name, dose, frequency:____
* Is inhaler carried by student y__/n___ If not, location of rescue inhaler:________________

Emergency Treatment: ***Red Zone on MA Asthma Action Plan***
* If rescue inhaler is not helping, breathing is becoming labored, wheezing is present and/or student is having difficulty speaking or ____:
* student specific symptoms*

Plan of action for School staff:
1 Stay with student, have student use inhaler,if carried, as ordered by MD.
2 Contact School RN immediately (or front office if after hours) to bring inhaler and assess.
3 Rest (may be more comfortable sitting up); reassure, may sip water (if able).
4 Contact parent if rescue inhaler is not providing immediate relief.
5 **If student's breathing does not improve with rescue inhaler usage and breathing worsens, call 911 immediately. Have front office notify parents after 911 called.**
6 Document asthma attack after student has been safely transferred to hospital ER.

Self-Administration of Inhalers
Note Self-Administration Protocol will be sent home to Parent/Guardian to review with student; School Nurse will review self administration of inhaler with student.

Information regarding medical condition/treatment may be shared with faculty/staff ________

Student Signature:____ Date:____________

Parent Signature:____ Date:____________

School Nurse Signature:___________________________________ Date:____________