Linn-Mar Community Schools Asthma Health Plan

Student:	Date:
Parent/Guardian:	Home Phone:
Physician:	Hospital:
Brief description of student's asthma condi etc.)	ition: (usual symptoms and triggers, frequency, severity,
Inhaler used: Nebulizer treatment used: Medications: (at home and school) Peak flow meter readings: Activity restrictions:	
Additional information:	
Emergency Protocol for Asthma: *Typical signs and symptoms of an asthma prolonged expiration, tightness in chest, gas	attack: difficulty breathing, increased cough, wheeze sping for air, skin color changes (pale or blue).
 4. Allow 15 – 20 minutes for the medicat 5. If NO change or breathing becomes we 6. If student is getting rapidly worse warea or space between ribs sink in w 	Encourage student to remain calm. above. This should be a rescue medication. tion to take effect. orse, call parents and school nurse. ith increased respiratory distress, retractions (neck with each breath), posturing (hunched over to breathe) ble to speak, lips or fingernails turn blue or gray.
I have read and approve of the above asthma i	ntervention plan for school health care:
Parent/Guardian Signature	School Nurse Signature