

Asthma: Medication Administration Consent and Action Plan

Place student photo here

Name: _____ Date of Birth: _____ Grade: _____

School: BEMS WEMS WBHS Dates plan effective: _____ to _____

Severity classification: Intermittent Mild persistent Moderate persistent
 Severe persistent He/she has had many or severe asthma attacks/exacerbations

Asthma triggers: _____

Green Zone: Doing Well

Symptoms: breathing well, no cough or wheeze, can work/play, sleeps well at night

Control medicine: _____ take: at home at school

Use medication below at home and school:

Rescue medication: Albuterol/levalbuterol _____ puffs, every _____ as needed

Exercise medication: Albuterol/levalbuterol _____ puffs 15 min before exercise with all activity as needed

Other instructions: _____

Yellow Zone: Caution

Symptoms: some problems breathing, cough/wheeze/chest tight, problems working/playing, awake at night

Use rescue medication at home and school: Albuterol/levalbuterol _____ puffs, every _____ as needed

Continue to use: Green Zone medications as marked above Notify parent/guardian

Additional medications: _____

Changes to medications: _____

Other Instructions: _____

Child/Student should feel better within 20-60 minutes of using rescue medication. If child/student is in the yellow zone for more than 24 hours then contact the doctor. If child/student has worsening symptoms then follow Red Zone instructions.

Red Zone: Get Help Now

Symptoms: lots of problems breathing, cannot work/play, getting worse instead of better, medicine is not helping

Use rescue medication NOW: Albuterol/levalbuterol _____ puffs, every _____ as needed

Call emergency contact person Other instructions: _____

Call 911 if the following danger signs are present:

- ♦trouble walking/talking due to shortness of breath ♦lips/fingernails are blue ♦still in the red zone after 15 minutes

SCHOOL STAFF: Follow green, yellow and red zone instructions for rescue and exercise medications. Unless otherwise noted, control medications are only used at home.

Both the healthcare provider and the parent/guardian feel the child/student demonstrates the skills to carry and self-administer inhaled asthma medication, including when to tell an adult if symptoms do not improve.

Health care provider: Name _____ Signature _____

Date _____ Clinic _____

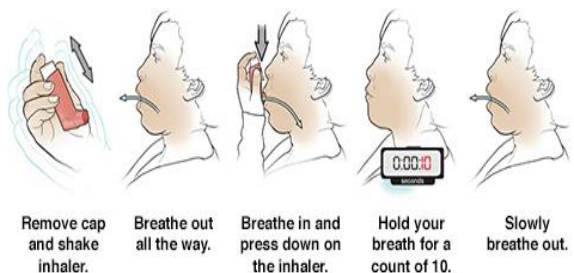
See next page for emergency contact information, inhaler use instructions, school nurse review

MEDICATION AND EMERGENCY PLAN CONSENT: I hereby give permission for school personnel to share this information, follow the care, and administer the medication as outlined in this plan during the school day and during any school sponsored activity of which school personnel are responsible for my child's supervision. I also hereby agree to give my permission for school personnel to contact the child's physician if needed. I hereby give permission to designated school personnel to notify other appropriate school personnel and classroom teachers of medication administration and possible adverse effects of the medication. I assume full responsibility for providing the school with the medication described in this plan. I further agree to hold the Wittenberg-Birnamwood School District, and the WBSD employee(s) who is (are) administering the medication harmless in any or all claims arising from the administration of this medication at school. I agree to notify the school at the termination of this request or when any change in the above orders is necessary.

Parent/ Guardian Signature: _____ Date: _____

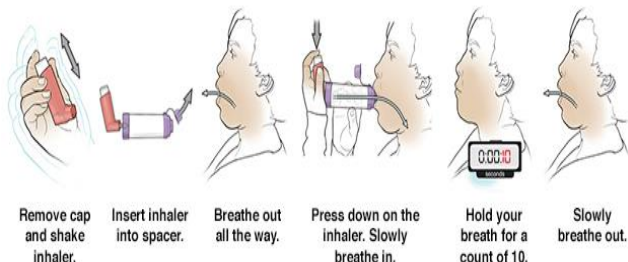
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MDI without spacer



- Remove the cap and shake the inhaler.
- Take a deep breath and breathe out (exhale) all the way.
- Place the inhaler in your mouth. Close your lips around it.
- As you breathe in deeply, press down on the inhaler to release the medicine. Hold your breath for a count of 10, or as long as you can comfortably. Then slowly breathe out.

MDI with spacer



- Remove the caps from the inhaler and spacer and shake the inhaler.
- Take a deep breath and breathe out (exhale) all the way. Put the spacer between your teeth and close your lips tightly around the spacer.
- Spray 1 puff into the spacer by pressing down on the inhaler. Then slowly breathe in as deeply as you can. If you breathe in too quickly, you may hear a whistling sound in the spacer.
- Take the spacer out of your mouth. Hold your breath for a count of 10, or as long as you can comfortably. Then slowly breathe out.

Graphics and instructions copied from St Luke's Health System, Kansas City, MO

<p>Rescue Medication for this student:</p> <p><input type="checkbox"/> Will be kept in the office</p> <p><input type="checkbox"/> Carried by student and kept:</p> <p>_____</p> <p><input type="checkbox"/> Other: _____</p> <p>Parent signature: _____</p>	<p>Additional information or instruction:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date: _____</p>
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EMERGENCY CONTACT INFORMATION:

Parent/Guardian Name _____ phone: home/cell/work _____

Parent/Guardian Name _____ phone: home/cell/work _____

Other Emergency Contact Name/ relationship/phone _____

Other Emergency Contact Name/relationship/phone _____

School Nurse Signature: _____ Date: _____

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 The Wittenberg-Birnamwood School District does not discriminate on the basis of race, color, religion, national origin, ancestry, creed, physical, mental, emotional or learning disability, pregnancy, marital status, parental status, sexual orientation, sex, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person is designated to handle inquiries regarding the non-discrimination policies: Brenda Jozwiak-Boldig, Director of Pupil Services, 400 West Grand Ave, Wittenberg, WI 54499. 715-253-2213 ext. 1108 or bjozwiak@wittbirn.k12.wi.us. For further information on notice of non-discrimination, visit <http://wdcrobcolp01.ed.gov/CFAPPS/OCR/contactus.cfm> for the address and phone number of the office that serves your area, or call 1-800-421-3481.