



**PREVALENT MEDICAL CONDITION ASTHMA
PLAN OF CARE**

STUDENT INFORMATION

Student Photo

Student Name:

Student wears Medical-Alert Bracelet YES NO

Date of Birth

Age:

Teacher

Grade:

☐ I consent to publicly displaying this photo.

EMERGENCY CONTACTS in ORDER

Name

Relationship

Phone #

1.

2.

3.

4.

KNOWN LIFE-THREATENING TRIGGERS (check all that apply)

☐ FOOD to be AVOIDED

LIST:

☐
☐
☐
☐

SAFETY MEASURES:

☐ INSECT STINGS

LIST:

☐
☐
☐
☐

SAFETY MEASURES:

- ☐ Avoid areas where stinging insects next or congregate.
☐ Report, remove or destroy nests
☐ Remove or cover trash bins
☐ Keep food indoors

☐ OTHER

LIST:

☐
☐
☐
☐

SAFETY MEASURES:

Does the student have any other Prevalent Medical Conditions for which there is a Plan of Care? No Yes

If Yes, check all that apply:

- ☐ Anaphylaxis
☐ Epilepsy/Seizures

- ☐ Concussion
- ☐ Diabetes

DAILY MANAGEMENT

A reliever inhaler is a fast acting medication that is used when someone is having asthma symptoms.

It is encouraged that your child carry the reliever inhaler.

The reliever inhaler will be found:

- ☐ On the child in a fanny pack etc
- ☐ In the child's backpack
- ☐ In the office
- ☐ Location:
- ☐ In the classroom
- ☐ Location

The reliever inhaler should be used:

- ☐ When having troubles breathing (coughing, wheezing)
- ☐ Other: Explain:

Instructions:

- ☐ Dose:
- ☐ Frequency:
- ☐ Spacer Chamber Provided? Yes No

NCCSA EMERGENCY PROCEDURES FOR ASTHMA

MILD ASTHMA

SYMPTOMS

- ☐ continuous coughing
- ☐ complaints of chest tightness
- ☐ difficulty breathing
- ☐ wheezing (not always present)
- (Above symptoms may also be accompanied by: restlessness, irritability, tiredness)

RESPONSE

- ☐ Administer reliever inhaler.
- ☐ If there is no improvement in 5 to 10 minutes **THIS IS AN EMERGENCY**
- ☐ Stay calm. Remain with the child.
- ☐ Tell the child to breathe slowly & deeply
- ☐ Notify parent of episode
- ☐ Child can resume normal activities once feeling better

ASTHMA EMERGENCY

SYMPTOMS

ANY of the following symptoms indicate an emergency!

- ☐ unable to catch breath
- ☐ difficulty speaking a few words
- ☐ lips or nail bed blue or gray
- ☐ breathing is difficult & fast (greater than 25 breaths per minute)

RESPONSE

- ☐ **CALL 911**
- ☐ Give reliever inhaler immediately & continue to use reliever inhaler every ____ minutes until help arrives
- ☐ Stay calm. Remain with the child
- ☐ Tell child to breathe slowly & deeply
- ☐ Contact Parent

HEALTH CARE PROVIDER INFORMATION

Please review this plan of care with your healthcare provider.

Name:

Profession

Medication:

	<input type="checkbox"/> Physician <input type="checkbox"/> Nurse practitioner	Name: Dosage: Frequency:
Special Instructions:		
Signature (where possible):		Date:
INDIVIDUALS with whom THIS PLAN OF CARE WILL BE SHARED		
<input type="checkbox"/> I/we authorize the principal to share the Plan of Care with school staff who are in direct contact with my child. <input type="checkbox"/> I/we authorize the following to also have access to this Plan of Care (check all that apply) <input type="checkbox"/> Niagara Children's Centre <input type="checkbox"/> Before and/or After School Program <input type="checkbox"/> Transportation Provider <input type="checkbox"/> BUS # _____		
This plan of care remains in effect for the _____ School Year and will be reviewed within the first 30 days of a new school year If at that time, there are no changes to the student medical history, this information may remain on file. It is the responsibility of parents to notify the principal if there is a need to change this plan during the school year.		
Parent Signature:		Date:
Student Signature:		Date:
Principal Signature:		Date: