

LATHROP R-II SCHOOL DISTRICT HEALTH SERVICES

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ASTHMA HEALTH /EMERGENCY PLAN

Student Name: _____ **Birth-date:** _____ **Grade:** _____ **School Year:** _____

Parent/Guardian/Managing Physician Information:

NAME	Daytime Phone	Secondary Phone
Parent/Guardian:		
Emergency Contact:		
Physician:		

Please describe your child's Asthma concerns: _____

- Last asthma attack that required hospitalization, urgent care visit, or oral corticosteroids: (Date) _____
 Has not had hospitalization/ urgent care visit/or corticosteroids in the **past year**.
- Last date my child used asthma medications (not including daily inhaler) to treat asthma problem: _____
- How often does your child use his/her rescue inhaler? _____
 ➤ My child has exercised induced asthma? _____ He/She needs to pre-treat for PE? _____
- My child's asthma is allergy induced by: _____ ➤
 Will your child have an inhaler at school? _____ (SEE MEDICATION GUIDELINES)
- My child is using an inhaler due to acute bronchitis for _____ weeks, until (date) _____

Please list all current medications:

Medication	Dose	Route (inhaled?)	Frequency
1)			
2)			
3)			
4)			

Does your child need special accommodations for his/her asthma while at school?

My child has these **signs and symptoms** with an asthma episode:

Coughing Wheezing Difficulty Breathing Feeling of tightness
 Skin of neck/chest pulling in Other _____

My child complains of /or describes concern as: _____

Peak Flow Monitoring: Does your child use Peak Flow monitors to measure asthma? **YES/NO**

How often is his/her peak flow checked at home? _____

If your child has a peak flow, the last date my child checked his/her peak flow? _____ It was: _____

_____ Best Peak Flow

_____ Green Zone (80-100% of best peak flow) – Able to go back to class.

_____ Yellow Zone (50-80% of best peak flow) – Rest, repeat peak flow, follow steps in health plan.

_____ Red Zone (< 50% of best peak flow)—Send home if no significant improvement.

Physician Signature _____ Date _____

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Emergency Action Plan for Asthma

(The following asthma action plan will be used by school staff for the care of your student UNLESS your child's physician has provided us with a specific care plan for asthma emergencies)

Most asthma symptoms can be handled if the student has proper medication available and the specific Emergency Asthma Action Plan provided by your physician will be followed *if available*. However, respiratory emergencies do occur when asthma symptoms are untreated or unresponsive to treatment. If we see the signs/symptoms listed below or a combination there of, we will follow the emergency action plan written below per School Guidelines as ordered by our managing physician.

*** Steps taken during an asthma episode:**

1. Asthma medications provided by the parent will be given according to the prescription order.
2. Have student return to class if symptoms improve, and/or if known: peak flow returns to normal or near normal, or in the green zone.
3. Contact Parents if symptoms do not improve and/or 911 will be called if:
 - ✓ If NO improvement 15-20 minutes after initial treatment with medication and a parent cannot be reached.
 - ✓ The student peak flow is _____ or below, and/or O2-Saturation below 92%.
 - ✓ The student has a hard time breathing and walking/talking.
 - ✓ The student is struggling to breathe with retractions (skin pulled in between the ribs, neck muscles).
 - ✓ The student has audible wheezing/abnormal breath sounds.
 - ✓ Blue/gray appearance to skin, lips or fingernails.

Parent Signature: _____ Date: _____

Nurse Signature: _____ Date: _____