

ASTHMA

STUDENT SPECIFIC

Student Name: _____ Date of Birth: _____ Age: _____

OEN Number: _____ Teacher: _____ Grade: _____

Insert
Student
Photo

Emergency Contact Information:

Name:	Relationship:	Contact Numbers:

List all asthmatic triggers:

Chemical Reactions		Environmental		Weather		Physical	
Strong odors	<input type="checkbox"/>	Pollen	<input type="checkbox"/>	Hot weather	<input type="checkbox"/>	Exercise/physical activity	<input type="checkbox"/>
Anaphylaxis	<input type="checkbox"/>	Mold	<input type="checkbox"/>	Cold weather	<input type="checkbox"/>	Cold or Flu	<input type="checkbox"/>
Other:	<input type="checkbox"/>	Smoke (tobacco, fire, cannabis, second-hand)	<input type="checkbox"/>	Smog	<input type="checkbox"/>	Allergies	<input type="checkbox"/>
		Seasonal	<input type="checkbox"/>	Humidity	<input type="checkbox"/>	Other:	<input type="checkbox"/>
		Pets	<input type="checkbox"/>	Other:	<input type="checkbox"/>		
		Other:	<input type="checkbox"/>				

Daily Routine Asthma Management

Must be completed by one of the following: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, Certified Asthma Educator

A reliever inhaler is a fast-acting medication (usually blue in colour) that is used when someone is having asthma symptoms. The inhaler should be used in accordance with doctor's recommendations

- Trouble breathing
- Coughing
- Wheezing

Other: _____

Name of Medication: _____ Dosage: _____ Time to administer: _____

Healthcare Provider's Name: _____

Profession / Role: _____

Signature: _____ Date: _____

(Health Care Provider)

Spacer (valved holding chamber) provided? Yes No

Reliever inhaler will be stored in the office. This is the primary and only inhaler. This is the secondary.

Student **will carry** their reliever inhaler **at all times** and will be kept in the student's: _____

If applicable, reliever inhaler will be stored in the student's locker. Locker # _____

Administrative / Plan Review

Individuals with whom this Plan of Care is to be shared:

- | | | |
|---|---|---|
| <input type="checkbox"/> Principal or Principal Designate | <input type="checkbox"/> Teacher-in-Charge | <input type="checkbox"/> Administrative Assistant (s) |
| <input type="checkbox"/> Classroom Teacher(s) | <input type="checkbox"/> Planning Time Teacher(s) | <input type="checkbox"/> Resource Teacher(s) / Support Services |
| <input type="checkbox"/> Student Monitors/ Volunteers | <input type="checkbox"/> Occasional Teachers | |

Other individuals to be contacted regarding Plan of Care:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> PLASP / Daycare | <input type="checkbox"/> Transportation | <input type="checkbox"/> Other: _____ |
|--|---|---------------------------------------|

As the parent of _____, I have been an active participant in supporting the management of their child's medical condition(s) while he/she is in school.

- I have educated my child about his/her medical condition.
- I have encouraged my child to self-manage and self-advocate.
- I have informed the school of my child's medical condition(s) and will communicate any changes or updates.

This plan remains in effect for the _____ school year without change and will be reviewed annually.

It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year.

Parent(s) / Guardian (s): _____ Date: _____
(signature)

Student: _____ Date: _____
(signature – if applicable)

Principal: _____ Date: _____
(signature)

If any of the following occur (see GAP 514.03 section 6.3 for full list)

- Continuous coughing
- Trouble breathing
- Chest tightness
- Wheezing (whistling sound in chest)
- May be restless, irritable and/or quiet

ACTIONS TO TAKE:

Step 1: Immediately use fast-acting reliever inhaler – use a spacer if provided.

Step 2: Check symptoms. Only return to normal activity when all symptoms are gone.

**** if the symptoms get worse or do not improve within 10 minutes, this is AN EMERGENCY and follow Next Steps.**



Symptoms now evident:

- Breathing is difficult and fast
- Cannot speak in full sentences
- Lips or nail beds are blue or grey
- Skin or neck or chest sucked in with each breath
- May be anxious, restless and/or quiet



THIS IS AN EMERGENCY!



Step 1: Immediately use any fast-acting reliever – use spacer if provided

Step 2: Immediately call 911.

Notify parents as soon as possible.

Step 3: While waiting for emergency services,

- continue using reliever inhaler every 5-15 minutes.
- have student sit up with arms resting on a table (DO NOT have student lie down – unless it's an anaphylactic reaction).
- DO NOT have the student breathe into a bag.
- stay calm – reassure the student and stay by his/her side.

