

ASTHMA INDIVIDUAL HEALTH PLAN

BELLEVUE SCHOOL DISTRICT 2022-2023

Name:	DOB:	Date:	
School:	Grade/Teacher:		
HEALTH CONCERN – Asthma: A condition where a person’s airways become inflamed, narrow, and produce extra mucus which causes difficulty breathing.			
ASTHMA TRIGGERS:		USUAL ASTHMA SYMPTOMS:	
<input type="checkbox"/> None known <input type="checkbox"/> Animals <input type="checkbox"/> Cold air <input type="checkbox"/> Exercise <input type="checkbox"/> Pollens <input type="checkbox"/> Illness <input type="checkbox"/> Smoke, odors <input type="checkbox"/> Other:		<input type="checkbox"/> Cough <input type="checkbox"/> Wheeze <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Chest tightness <input type="checkbox"/> Asking to use inhaler <input type="checkbox"/> Other:	

MEDICATION *Can be filled out by licensed health care provider; MD, DO, ND, DMD, DC, PA, ARNP, CNM.*

ORDERS *IHP can be filled out by School Nurse based on BSD "Authorization for Medication to be Taken at School" form*

EMERGENCY CARE PLAN: ADMINISTER MEDICATION AS DIRECTED

- If inhaler is new or hasn't been used in 2 weeks, prime the inhaler (4 puffs). If using Xopenex prime the inhaler (4 puffs) if it hasn't been used in 3 days. Do NOT prime Respiclick.
- If student is very short of breath, has difficulty walking or talking, lips/mouth/nails are blue and quick relief medication is NOT working: **CALL 911**

MEDICATION, Health Care Provider, please choose one: Albuterol (Proair®, Ventolin®, Proventil®) Proair RespiClick
 Levalbuterol (Xopenex) Other:

DOSING: _____ puffs every _____ hours as needed for symptoms. (May cause shakiness, jitteriness, increased heart rate)

May repeat _____ puffs of quick relief medication in _____ (minutes) if symptoms have not improved.

Uses inhaler with spacer

EXERCISE PRE-TREATMENT:

No exercise pre-treatment needed.

May give _____ puffs of quick relief inhaler _____ minutes prior to:

PE Recess

SELF CARRY, Health Care Provider please check one *(STAFF HAS BEEN TRAINED TO ASSIST WITH MEDICATION ADMINISTRATION)*

NO, student MAY NOT self carry.

YES student may SELF CARRY/ADMINISTER. *Provider/student/parent/guardian understands the responsibility of self-carrying medication at school and recognizes that the school will not be able to track compliance. As a parent/guardian of the student, I agree to hold harmless and indemnify the school and Bellevue School District's officers, employees, and agents against all claims, judgments, or liabilities arising out of the self-administration and carrying of medication by their student.*

Licensed Health Care Provider's signature: _____	Date:		Phone:	
	School year:		Fax:	

Signature authorizes medication for length of school year

I accept this Individual Health Plan. *My signature gives permission for exchange of information between the School Nurse and the Health Care Provider regarding this medication order.*

Parent/Guardian/Student (age 18) signature: _____	Date:
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Family Responsibility:

- I will keep track of expiration dates for the medication(s)
- I will furnish medication(s) in original container and pick up medication(s) from the school

If the student ***DOES NOT*** self-carry, I request an authorized/trained person(s) at **school assist my student** in taking the medicine(s) described below.

If the student has permission to ***SELF-CARRY and/or SELF-ADMINISTER THIS MEDICATION*** I/my student understand the responsibility of self-carrying medication at school and recognizes the school will not track compliance, expiration, or amount. I/my student agrees to hold harmless and indemnify the school and Bellevue School District's officers, employees, and agents against all claims, judgments, or liabilities arising out of the self-administration and carrying of medication by myself/my student.

Parent/Guardian/Student (age 18) signature: _____	Date: _____	Phone: _____
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INDIVIDUAL CONSIDERATIONS

Parent: If student attends extended day/childcare, clubs before & after school, evening and summer activities, parent will notify the program director of their child's medication and health care needs.

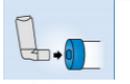
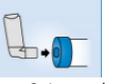
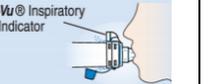
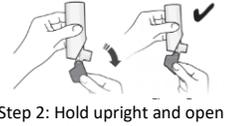
Classroom: Teacher to inform substitute teachers of the student's Individual Health Plan

Field Trip Procedures: Medication and IHP will accompany student during any off-campus activity

Transportation: Bus-Transportation will be informed of the student's Individual Health Plan

Other: RN will notify teachers, specialists, recess staff, and other staff of student's IHP

Inhaler Techniques

 <p>SPACER + MASK Step 1: Remove the cap and shake the medicine</p>	 <p>Step 2: Insert the mouthpiece of the inhaler into the rubber-sealed end of the spacer.</p>	 <p>Flow-Vu® Inspiratory Flow Indicator Step 3: Apply mask to face and ensure an effective seal.</p>	 <p>Step 4: Breathe out gently and press the inhaler down ONCE at the beginning of a slow inhalation. Breathe in and out slowly for 5 to 6 breaths. Slow down breathing if you hear a whistle sound.</p>	 <p>Step 5: After waiting one minute, repeat steps 3-4 if directed. Repeat as directed.</p>
 <p>SPACER ONLY Step 1: Remove the cap and shake the medicine.</p>	 <p>Step 2: Insert the mouthpiece of the inhaler into the back end of the spacer.</p>	 <p>Flow-Vu® Inspiratory Flow Indicator Step 3: Put mouthpiece into mouth and close lips around it.</p>	 <p>Step 4: Breathe out gently and press the MDI at the beginning of a slow inhalation. Breathe in slowly and deeply through the mouth until a full breath has been taken. Hold breath for 5-10 seconds OR breathe 2-3 times through your mouth after the MDI is pressed. Slow down breathing if you hear a whistle sound.</p>	 <p>Step 5: After waiting one minute, repeat steps 3-4 if directed. Repeat as directed.</p>
 <p>INHALER ONLY Step 1: Insert the metal canister into the plastic holder if they are not already put together. Make sure the canister is firmly in place. Take the cap off the plastic holder.</p>	 <p>Step 2: Shake the inhaler (MDI-metered dose inhaler).</p>	 <p>Step 3: Hold the MDI with a finger on top of the metal canister and your thumb on the bottom of it. Stand or sit up straight. Breathe out.</p>	 <p>Step 4: Place the mouthpiece of the MDI into your mouth. Make sure the MDI is between your teeth and your tongue is flat. This will allow the medicine to go into your lungs. Close your lips around the mouthpiece. Tilt your head back slightly.</p>	 <p>Step 5: Breathe in very slowly. About one-third of the way into the breath, press down on the canister firmly. Keep breathing in all the way until your lungs are full. Hold your breath for 10 seconds. Breathe out very slowly through your nose. If you need to take more puffs, wait for 1 minute, then repeat steps 2 to 4.</p>
 <p>DRY POWDER INHALER Step 1: Make sure cap is closed.</p>	 <p>Step 2: Hold upright and open the cap all the way back until you hear a 'click'.</p>	 <p>Step 3: Breathe out through your mouth and push as much air from the lungs as you can (exhale).</p>	 <p>Step 4: Put mouthpiece in the mouth and close lips around it (do not breathe OUT into the inhaler). Breathe in deeply through the mouthpiece and the medication will be delivered into the lungs. Hold breath for 10 seconds.</p>	 <p>Step 5: Remove inhaler from mouth. Check the dose counter at the back. Close the cap firmly into place after using. If you need to take more puffs, wait for 1 minute, then repeat steps 1 to 5.</p>

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