**Asthma Individual Health Care Plan**

Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ 504 Plan \_\_\_\_\_\_\_\_\_ IEP \_\_\_\_\_\_\_\_\_\_ Medical Alert

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| STUDENT INFORMATION | | | |
| Student: | School Year: | | School: |
| Date of Birth: | Age: | | Grade: |
| Parent/Guardian: | | | |
| Lives with: \_\_\_\_ Both Parents \_\_\_\_Mother \_\_\_\_ Father \_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Parent/Guardian Phone: | | Parent/Guardian Phone: | |
| Parent/Guardian Cell: | | Parent/Guardian Cell: | |
| Other Contact: | |  | |
| Physician: | | Phone: | |
| Physician: | | Phone: | |
| School Nurse: | | Phone: | |
| MEDICAL CONDITION | | | |
| ALLERGIES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NKDA ☐  What triggers my asthma? | | | |

Hospital Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Baseline Severity:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Best Peak Flow:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Medications:**

**\*\*\* A completed Medication Authorization Form must be signed by both parent and physician and on file before any**

**medication can be given or carried at school**

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| GREEN ZONE | DOING WELL |
| You have all of these:  Breathing good  No cough or wheeze  Can work/play easily  Sleeping all night  Peak Flow is between   |  | | --- | | and | | Step 1: Take these controller medicines everyday:  Medicine How much When  Step 2: If exercise triggers your asthma, take the following medicine 15 minutes before exercise or sports.  Medicine How much When |

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| YELLOW ZONE | GETTING WORSE- parents/guardians called |
| You have any of these:  It’s hard to breath  Coughing  Wheezing  Tightness in chest  Cannot work or play easily  Awake at night coughing  Peak Flow is between   |  | | --- | | and | | Step 1: Keep taking green zone medications and **ADD** quick-relief medicine:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ puffs or 1 nebulizer treatment of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (repeat after 20 minutes if needed (max of 2 treatments)  Step 2: Within 1 hour, if your symptoms are not better or you don’t return to the green zone. Call parents to provide assistance from health care provider.  **\*\*Nebulizer medication and tubing must be provided by parent/guardian\*\*** |

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| RED ZONE | EMERGENCY |
| You have any of these:  It’s very hard to breath  Nostrils open wide  Ribs are showing  Medicine is not helping  Lips or fingernails are grey or bluish  Peak Flow is between   |  | | --- | | and | | Step 1: Take your quick-relief medicine NOW:  Medicine How much    Or 1 nebulizer treatment of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  AND  Step 2: Call parent/guardian and 911 if necessary at this point  **\*\*Nebulizer medication and tubing must be provided by parent/guardian\*\*** |

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| SPECIAL CONSIDERATIONS (school activities, sports, trips, and transportation) | |
| ☐ see attached plan (if applicable) | |
| TRAINED STAFF AND SPECIALIZED EQUIPMENT |
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As a parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I give my permission to the school nurse and other trained designated staff to perform and carry out the asthma tasks as outlined in this Asthma Individual Health Plan (IHP). I understand that the information contained in this plan will be shared with school staff on a need-to-know basis. It is the responsibility of the parent/guardian to notify the school nurse whenever there is any change in the student’s health status or care. Parent/Guardian are responsible for the maintaining of necessary supplies, medications and equipment.

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Nurse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_