TRADERS POINT CHRISTIAN SCHOOLS

(Parents complete page one; Physicians review page 2 and complete page 3)

SEVERE ASTHMA Medical Action Plan (MAP)

Student's Name_____

Date of birth_____ **Age**_____ **Grade**_____

Child's picture; face only

CONTACT INFORMATION

Call First(Parent/Guardian)	**Try Second(Parent/Guardian**
Name:	**Name:**
Relationship:	**Relationship:**
Home:	**Home:**
Cell:	**Cell:**
Work:	**Work:**

Call Third (If a parent/guardian cannot be reached)

Name:_____
Relationship:_____
Address:_____
___
Phone:_____

ASTHMA HISTORY

Asthma Triggers- may cause an asthma episode at school (circle all that apply):

Exercise Animal Dander Cold weather/extreme temperature

Dust/Carpet Grass/Pollen Respiratory Illnesses (colds/infections)

Food Allergy(s) _____ **Other**_____

A **Severe Allergy** Medical Action Plan has been completed for this school year. **YES NO**

For asthma, my child has/uses the following at home:

Medication (other than rescue inhaler) to control Asthma **YES NO**
A Nebulizer (breathing machine) **YES NO**
A spacer (attaches to an inhaler) **YES NO**
A Peak Flow Meter **YES NO**

If my child is to self-carry a metered dose inhaler, I will supply with a back inhaler. **YES NO**

I agree to have the information in this plan shared with staff needing to know. I understand that my child's name may appear on a list with other students having asthma or medical issue to better identify needs. I give permission to use my child's picture on this plan (if i did not supply a photo). I give permission to have trained staff to help administer the medication ordered for my child's asthma.and to contact the physician listed for clarification of orders, if needed.

Date:_____ Signature:_____

Signs of Asthma Attack

*Wheezing (noisy breathing)
*Shortness of breath
*Coughing
*Peak flow reading below 80% of personal best
*Difficulty breathing
*Complains of chest tightness or pressure

Action

- Give Medication as ordered below
- Use a spacer if provided for a metered dose inhaler
- Be sure to wait 1-2 minutes before a second puff of the inhaler
  Remain calm
- Encourage slow deep breathing: in through the nose & out through puckered lips
  Have the student sit up right
- Stay with the student until breathing normally

Signs of Asthma EMERGENCY

- No improvement 10-15 minutes after medication is given
  Breathing difficulty gets worse
- Skin pulls in around collarbone or ribs with each breath (shoulders may rise)
  Looks anxious, frightened, or restless
- Cannot talk in a complete sentence or walk and talk
  Stops playing and cannot start activity again Hunched over
- Pale color or blue around mouth or nail beds (skin may be damp)

ACTION:

- CALL 911 and Parent/Guardian
- Repeat medication while waiting for emergency help to arrive
- Monitor students breathing
- Start CPR if breathing stops

Authorized Physician/Licensed Prescriber Order & Agreement with Protocol in this plan

Medication_____**Route MDI (metered dose inhaler) Dose**_____
Nebulizer (breathing machine) Dose_____

MDI treatment may be repeated in 5 to 10 minutes if no help or symptoms worse YES NO

Nebulizer instructions_____

Medication is needed 20 minutes before PE/recess/strenuous exercise YES NO

Student can use inhaler correctly, knows when to get adult help, not to share, and how to properly maintain the devise. Therefore, in my professional opinion, this student should be allowed to self-carry their inhaler. YES NO

Peak Flow readings are to be done at school YES NO Give medication for a PF reading below

Other instructions/orders_____

Physician/Licensed Prescriber Name_____

Phone number_____**FAX number**_____

Signature_____**Date**_____