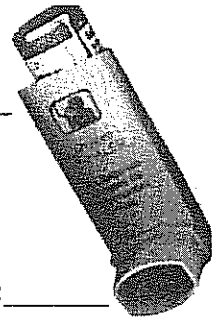


ASTHMA



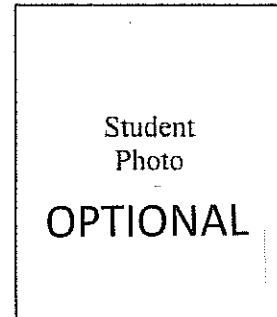
Student: _____ Grade: _____ School Contact: _____ DOB: _____
 Asthma Triggers: _____ Best Peak Flow: _____
 Mother: _____ MHome #: _____ MWork #: _____ MCell #: _____
 Father: _____ FHome #: _____ FWork #: _____ FCell #: _____
 Emergency Contact: _____ Relationship: _____ Phone#: _____

SYMPTOMS OF AN ASTHMA EPISODE MAY INCLUDE ANY/ALL OF THESE:

- **CHANGES IN BREATHING:** coughing, wheezing, breathing through mouth, shortness of breath, Peak Flow of < _____
- **VERBAL REPORTS of:** chest tightness, chest pain, cannot catch breath, dry mouth, "neck feels funny," doesn't feel well, speaks quietly.
- **APPEARS:** anxious, sweating, nauseous, fatigued, stands with shoulders hunched over and cannot straighten up easily.

SIGNS OF AN ASTHMA EMERGENCY:

- Breathing with chest and/or neck pulled in, sits hunched over, nose opens wide when inhaling. Difficulty in walking and talking.
- Blue-grey discoloration of lips and/or fingernails.
- Failure of medication to reduce worsening symptoms with no improvement 15-20 minutes after initial treatment.
- Peak Flow of _____ or below.
- Respirations greater than 30/minute and Pulse greater than 120/minute.



TREATMENT:

Stop activity immediately.
 Calm student and help student assume a comfortable position. Sitting up is usually more comfortable.
 Encourage purse-lipped breathing.
 Encourage student to take sips of water if capable.
 Give medication as ordered: _____
 Observe for relief of symptoms. If no relief noted in 15-20 minutes, follow steps below for an asthma emergency.
 Call parents/guardian and healthcare provider.

STEPS TO FOLLOW FOR AN EMERGENCY:

-Call 911 (Emergency Medical Services) and inform them that you have an asthma emergency. They will ask the student's age, physical symptoms, and what medications he/she has taken and usually takes.
 -A staff member should accompany the student to the emergency room if the parent, guardian, or emergency contact is not present and adequate supervision for other students is present.
 Preferred Hospital if transported: _____

The school and its employees shall incur no liability as a result of any injury sustained by the student from the self-administration of medications used to treat asthma. I shall indemnify and hold harmless the school and its employees against any claims that may arise relating to the self-administration of medications used to treat asthma.

Parent/Guardian Signature: _____
 Student Signature: _____
 Healthcare Provider (print): _____ Signature: _____ Phone: _____
 Copy provided to: parent classroom teacher special teacher
This plan is in effect for the current school year _____

STATE OF LOUISIANA

MEDICATION ORDER

TO BE COMPLETED BY LA, TX, AR, OR MS LICENSED PRESCRIBER

(In most instances, medications will be administered by unlicensed personnel.)

PART 1: PARENT OR LEGAL GUARDIAN TO COMPLETE

Student's Name _____ Birthdate _____

School _____ Grade _____

Parent or Legal Guardian Name (print): _____

Parent or Legal Guardian Signature: _____ Date: _____

(Please note: A parental/legal guardian consent form must also be filled out. Obtain from the school nurse.)

PART 2: LICENSED PRESCRIBER TO COMPLETE

1. Relevant Diagnosis(es): _____
2. Student's General Health Status: _____
3. Medication: _____
4. Strength of medication: _____ Dosage (amount to be given): _____
 Check Route: By mouth By inhalation Other _____
 Frequency _____ Time of each dose _____

School medication orders shall be limited to medication that cannot be administered before or after school hours. Special circumstances must be approved by school nurse.

5. Duration of medication order: Until end of school term Other _____
6. Desired Effect: _____
7. Possible side-effects of medication: _____
8. Any contraindications for administering medication: _____
9. Other medications being taken by student when not at school: _____
10. Next visit is: _____

Prescriber's Name (Printed) _____ Address _____ Phone and Fax Numbers _____

Prescriber's Signature _____ Credential (i.e., MD, NP, DDS) _____ Date _____

Each medication order must be written on a separate order form. Any future changes in directions for medication ordered require new medication orders. Orders sent by fax are acceptable. Legibility may require mailing original to the school. Orders to discontinue also must be written.

PART 3: LICENSED PRESCRIBER TO COMPLETE AS APPROPRIATE

**Inhalants / Emergency Drugs
 Release Form for Students to be Allowed to Carry Medication on His/Her Person**

Use this space only for students who will self-administer medication such as asthma inhaler.

1. Is the student a candidate for self-administration training? Yes No
2. Has this student been adequately instructed by you or your staff and demonstrated competence in self-administration of medication to the degree that he/she may self-administer his/her medication at school, provided that the school nurse has determined it is safe and appropriate for this student in his/her particular school setting? Yes No
3. If training has not occurred, may the school nurse conduct a training program? Yes No

 Licensed Provider's Signature _____ Date _____

St. Aloysius Catholic School

Parent/Legal Guardian Consent for Medication Administration at school

NOTE: State of Louisiana Medication Order Form is also required for medications to be administered at school.

Name of Student: (print) _____ Birth date: _____ Homeroom: _____
Name of Parent/Guardian: _____ Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
List ALL medications to be given at school: _____
List ALL allergies for this student: _____
Other medications taken at home: _____
Special instructions for giving medication: _____

1. Have you received and understand the SAS School Medication Policy? Yes _____ No _____
2. Do you give permission for the school nurse to share with designated unlicensed personnel information about your child relative to medication administration, as the nurse deems necessary? Yes _____ No _____
3. Do you understand that you may retrieve the medication from school at any time? Yes _____ No _____
4. Do you understand that medication will be destroyed if not picked up within one week following the end of the school term, or when medication has been discontinued? Yes _____ No _____
5. Have you administered a dose at home and observed your child for 24 hours for an adverse reaction, before the medication can be given at school? Yes _____ No _____
6. Do you consent for a teacher or other non-licensed personnel of SAS to administer medication(s) on a field trip? (Please notify the school nurse at least one day prior to a field trip.) Yes _____ No _____

Answers to the above questions must be "yes" before medication can be administered at school.

Complete the following section ONLY if the Physician Medication Order (Part 3) is completed, AND you wish for your child to CARRY HIS/HER OWN emergency medications (inhaler/epinephrine) at school:

1. Do you give permission for your child to carry and self-administer emergency medication(s) if the school nurse determines that it is safe and appropriate in the school setting? Yes _____ No _____
2. Do you believe that your child is sufficiently responsible and informed to self-administer his/her own medication? Yes _____ No _____
3. Do you assume responsibility for your child's actions regarding his/her self-management of medication in the school setting? Yes _____ No _____
4. Has your physician completed Part 3 of the Physician Medication Order? Yes _____ No _____

Answers to the above questions must be "yes" before SAS will allow a student to carry emergency medications. The state of Louisiana laws ONLY allows self-administration of EMERGENCY medications. (Inhalers/Epinephrine).

I understand and agree that St. Aloysius Catholic School and its employees are not responsible for any unintentional mistakes or oversights in keeping or giving my child medication. I agree to hold the school employees free and harmless from liability from injuries that might occur as a result of the administration of medication(s) to my child.

Signature of Parent/Guardian

Date