

Cincinnati Christian Schools
Asthma Emergency Health Plan

Elementary Campus - 7350 Dixie Highway—Fairfield, OH. 45014
Phone: (513)-874-8500 Fax: (513)-874-9718
High School Campus – 7474 Morris Road, Fairfield, OH 45011
Phone: (513)-892-8500 Fax: (513)-892-0516

Name of Student: _____ D.O.B: _____ Grade: _____ Date _____

Student Address: _____

City: _____ State: _____ Zip Code: _____

Diagnosis: _____

Names of parent or guardian: _____

Mother: Telephone(H) _____ Father: Telephone(H) _____

Mother: Telephone(W) _____ Father: Telephone(W) _____

In an emergency and the parents cannot be reached contact:

1. _____ Phone _____ Relationship _____

2. _____ Phone _____ Relationship _____

Physician Student Sees for Asthma: _____ Phone _____

Other Physician: _____ Phone _____

DAILY ASTHMA MANAGEMENT PLAN

Identify the things, which start an asthma episode (Check each that applies to the student.)

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Strong odors or fumes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Respiratory infections | <input type="checkbox"/> Chalk dust | _____ |
| <input type="checkbox"/> Change in temperature | <input type="checkbox"/> Carpets in the room | _____ |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Pollens | |
| <input type="checkbox"/> Food _____ | <input type="checkbox"/> Molds | |

Comments _____

Control of School Environment:

(List any environmental control measures, pre-medications, and/or dietary restrictions that the student needs to prevent an asthma episode.)

Peak Flow Monitoring:

Personal Best Peak Flow Number: _____

Monitoring Times _____

Daily Medication Plan

| | Name | Amount | When to Use |
|----|-------|--------|-------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

Parent Signature: _____

This Section to be completed by the physician

Emergency Plan:

Emergency action is necessary when the student has symptoms such as _____
_____, _____ or has a peak flow reading of _____

Steps to take during an asthma episode:

1. Give medications as listed below.
2. Have student return to classroom if: _____
3. Contact parent if: _____
4. Seek emergency medical care if the student has any of the following:
 - a. No improvement 15-20 minutes after initial treatment with medications and a relative can not be reached.
 - b. Peak flow of _____
 - c. Hard time Breathing with:
Chest and necked pulled in with breathing
Child is hunched over
Child is struggling to breathe
 - d. Trouble walking or talking
 - e. Stops playing and can't start activity again
 - f. Lips or fingernails are gray or blue

Emergency Asthma Medications

| Name | Amount | When to Use |
|----------|--------|-------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

Adverse reactions for unauthorized user: _____

It is school policy that all medications, including inhalers, should be locked in the nurse's office to provide monitoring of the medication usage, and to prevent misuse by other students. The students can carry inhalers only with written instruction from the physician.

Please check appropriate box

- It is my professional opinion that _____ should not carry his/her inhaled medication by him/herself.
- I have instructed _____ in the proper way to use his/her medications. It is my professional opinion that _____ should be allowed to carry and use that medication by him/herself.

Physician Signature: _____ **Date:** _____