

Medical Management Plan of Care for Asthma

Green River District School Health Program

Student: _____ Date of Birth: _____

Date: _____ School: _____

Physician(s):

Physical Education Days and Times: _____

Other Activities: _____

Known Asthma Triggers: _____

Asthma is best understood as the clinical result of two linked processes, airway inflammation and bronchial hyper-reactivity

Physical Findings:

1. Persistent cough or shortness of breath may be the only signs of active asthma. With asthmatic symptoms wheezing is often but not always heard. Reduced peak flows from baseline helps separate asthma from other conditions.
2. Children with severe asthma attack of evidence observable signs:
 - a. Sitting upright, leaning forward, using neck muscles to assist inspiration; nasal flaring may be present.
 - b. Prolonged expiration, sometimes with pursed lips
 - c. High pitched cough; irregular high pitched wheeze
 - d. Poor air movement; rapid shallow breathing
 - e. Pulse > 120
 - f. Speaking in short sentences
 - g. Inability to record a peak flow

Medications Given at Home:

Medications Given at School:

All necessary supplies for use at school will be supplied by the parent at no cost to the school health program.

Type of Equipment (please circle): Peak Flow Nebulizer Spacer Other _____

Care of Equipment:

Procedure:

1. Attach copy of manufacturer's/physician's instructions for the nebulizer.
2. Use of a metered dose inhaler
A metered dose inhaler is a device used to deliver asthma medication directly to the lungs. In order to administer this medication effectively use the following steps:
 - a. Remove the cap and hold inhaler upright
 - b. Shake the inhaler if applicable
 - c. Tilt the head back slightly and breathe out
 - d. Position the inhaler in one of the following ways:
 1. Open mouth and hold inhaler 1-2 inches away
 2. Use spacer
 3. Put in mouth
3. Press down on inhaler to release medication as you start to breathe in slowly. Auto inhaler will release medication as you inhale from the mouthpiece.
4. Breathe in **slowly** (3 to 5 seconds)
5. Hold breathe for 10 seconds to allow medicine to reach deeply into lungs.
6. Repeat puffs as directed. Waiting 1 minute between puffs may permit the the second puff to penetrate the lungs better.
7. Clean as specified in plan of care.
8. Observe for any complications.

Use of a Peak Flow Meter

A peak flow meter is a useful tool for objectively measuring the severity of asthma. The value obtained is call a peak expiratory flow rate (PEFR). The PEFR indicates the degree of airway obstruction or narrowing. Specifically, the PEFR is the amount

of air that can be forcefully exhaled in 1 second. Each individual has a normal rate based on height and age. However, many physicians prefer to use the person's "personal best" value. This number represents the highest rate obtained over a specified period of time.

Emergency Care

A. Signs of asthma emergency:

1. Difficulty breathing, walking, talking
2. Blue or gray discoloration of lips or fingernails
3. Failure of medication to reduce worsening symptoms

B. These signs indicate the need for emergency medical care. The steps that should be taken are:

1. Call 911
2. Notify parent/guardian
3. Monitor respiratory status and initiate CPR if needed

CONTACT INFORMATION

Parent/guardian #1

Name: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Parent/guardian #2

Name: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

SIGNATURES

This health care plan has been reviewed by:

Physician Date

Student's parent/guardian Date

Acknowledged and reviewed by:

School Health Personnel Date