



Health Related Services

Asthma Questionnaire and Plan

★ Date: _____

Student: _____ DOB: _____ Valid for school year: _____

It has been noted on this child's health record that he/she has asthma. It is important to have current health information and direction when a child needs help at school. Please complete this form and return it, so the school nurse may give appropriate instructions to personnel about this student.

How often did the student have an asthma attack in the past year? _____
Has hospitalization been needed in the past year for their asthma? No Yes (when _____)
Does the student use a peak flow meter? No Yes Best flow rate is: _____
Asthma is currently being treated by Dr. _____ Phone #: _____

Please sign to give consent for the exchange of medical information with the above physician and the school.

Signature: _____ Relationship: _____

What triggers your child's asthma episodes? (All boxes that apply)
 Pollen Mold Dust Feathers Animal Dander Perfume Air pollution Smoke Emotional stress
 Respiratory Infections Cold, damp air Weather changes Vigorous exercise
 Foods (specify) _____ Other _____

Early warning signs and asthma symptoms are indicators that a child's asthma may be getting worse. Monitoring asthma signs and symptoms is very important in managing asthma at school. Signs and symptoms are things that children feel or that you may notice when asthma is getting worse.

What are the student's asthma symptoms? (All boxes that apply)
 Coughing Wheezing Chest tightness Anxiety/Restlessness Difficulty breathing/shortness of breath
 Other (specify) _____

List the student's current Asthma Medication: **Please ask about assistance from CMS in treating asthma if needed.**

MEDICATION	AMOUNT TAKEN	HOW OFTEN AND FOR WHAT SIGNS?
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

- This student is aware of the signs and symptoms of an asthma attack and knows to tell an adult. They usually state they feel: _____
- This student carries their emergency medication with them and can self-administer.
- This student will leave their emergency medication in the school medical clinic.
- This student is prescribed a spacer to use with inhaled medication.

If medications must be given during school hours, an **Authorization for Medication** form HRS-29 must be completed every school year. It must be filled out and signed by you and your physician. Medications used in school must be in the original container. When you have a prescription filled, ask the pharmacist for two containers; one for school and one for home use. If your student participates in field trips and needs medication during that time, a separate container with the current prescription is necessary for that day as well. Your Pharmacy will provide you with a "travel" Rx bottle.

Asthma Plan

Student: _____ DOB: _____ Valid for school year: _____

Peak Flow Monitoring In addition to watching for asthma symptoms, children with asthma can monitor their breathing at school by using a [peak flow meter](#). A peak flow meter measures the flow of air in a forced exhalation in liters/minute. Peak flow monitoring can help identify the start of an asthma episode, often before the child is having symptoms. [Peak flow zones](#) divide the peak flow meter into the colors of a traffic light and can help children and school professionals make decisions about asthma management.

GREEN ZONE:- (no signs of breathing difficulties)

- Give student medicines per physician and parent direction. Student may continue doing activities as usual.

Exercise Pretreatment Instructions (*check all that apply*)

- Give 2 puffs of quick relief inhaler 15 minutes prior to recess/physical education and/or _____.
- May repeat 2 puffs of quick relief inhaler if symptoms recur with exercise, or _____.
- Measure Peak Flow prior to recess/physical education, restrict aerobic activity when child's peak flow is below _____.

Asthma Exacerbation Treatment Instructions:

- Use your pulse oximetry as needed to assess Oxygen level and monitor symptoms.
- Keep student calm and relaxed.
- Stay with student until symptoms improve or transported via parents/911.

YELLOW ZONE: If Child is coughing, wheezing or short of breath, and/or peak flow is in Yellow Zone:

- Give 2 puffs of quick relief inhaler (with spacer if available) or give nebulizer treatment. May be repeated in 10 minutes if not recovering to Green Zone. Notify parents and school nurse of exacerbation situation and outcome.
- Other: _____

RED ZONE: If child is in respiratory distress, and/or peak flow is in Red Zone:

- Give 4 puffs of quick relief inhaler (with spacer if available) or give nebulizer treatment, and call parent and school nurse.
Call 911 if child does not improve quickly or parents/guardians cannot be reached.
- Other: _____