

Lorenzo ISD
School Nurse
(806) 634-5593, ext. 252

PHYSICIAN SCHOOL ASTHMA MANAGEMENT PLAN

Student: _____

Campus: _____

DOB: _____

Grade: _____

This plan is in accordance with HB 1688, (passed 2001) which allows students to self-administer asthma medications at school, with permission from parent and physician. Lorenzo ISD also requires that students be assessed by the school nurse for understanding of physician prescribed treatment and asthma self-management.

NOTE: Medication orders and treatment plan must be updated each school year, in order for students to self-administer medication, **orders must be written as a "PRN" medication**. All orders designated by a specific time of the day will require that the medication be kept in the clinic and documented according to district policies. School personnel do not document self-administration medications. School nurse may call for clarification of treatment plan or to provide feedback to physician regarding responses to medications and school environment.

TO BE COMPLETED BY PHYSICIAN

Asthma Medications:

Bronchodilator (Quick Relief Medications)

Other Medications

Name: _____

Name: _____

Purpose: _____

Purpose: _____

Dosage: _____

Dosage: _____

Time: ___ before PE/Gym ___ as needed (PRN)

Time/When to Use _____

Can be repeated for severe breathing difficulty

Additional Instructions: _____

_____ times & _____ minutes apart.

It is my professional opinion that _____ (student's name) SHOULD/SHOULD NOT be allowed to carry and self-administer the above medications while on school property or school-related events.

Physician's Signature: _____ Date: _____

Daily Treatment Plan: Please list any medications taken daily at home or school to manage asthma, including nebulizer treatments.

Medication	Dosage	Time	Equipment Needed
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Peak Flow Range: _____ Yellow Zone: _____ Red Zone: _____

Steps to take during asthma episode:

Give emergency medications: Bronchodilator _____ Dose _____

Can be repeated for severe breathing difficulty _____ times & _____ minutes apart.

Other medications: _____ Dose _____

EMERGENCY PLAN: Emergency action when student exhibits symptoms such as: Wheezing, breathing hard and fast, nose flares open during breaths, can't walk well, ribs show during breathing, if no improvement after a total of 3 treatments, call 911.

CALL 911 OR EMS IF MINIMAL OR NO IMPROVEMENT!! Comments: _____

Parent Signature: _____ Date: _____