

Dear Parent/Guardian:

You have shared with us that your child has asthma. To be better informed about your child so we can provide the best care, we ask that you share more individual information with us. Our goal is to assist you and the physician in your child's care in order to promote maximum health, maintain consistent attendance and, therefore, improve academic performance.

REMINDER! All medications, including inhalers, must be kept in the school clinic; there **must** be a current prescription label either on the box or the inhaler itself. Otherwise, medications will **not** be given.

We **MUST** have a physician's order in writing for students to carry their inhalers at the elementary level.

The parent/guardian bringing medications to school will also need to complete a Medication Permit Form. All changes in medications must be reflected on the prescription label or on a separate note from the prescribing doctor.

If your child requires the use of a nebulizer, we must have the physician's orders or the prescription label which accompanies the medication used in the nebulizer. The parent/guardian must provide the necessary equipment (i.e. mask, tubing, etc.) to use with the machine for administering such treatments. The district clinics do have machines on hand for use.

Please fill out and return the attached Asthma Action Plan. Thank you for taking the time to provide this information. If at any time during the year your child's condition or care changes, please notify us, and if you ever have any concerns or questions, please call the school clinic.

Sincerely,

Raytown Quality Schools Health Clinic

Asthma Action Plan



General Information:

■ Name _____

■ Emergency contact _____ Phone numbers _____

■ Physician/Health Care Provider _____ Phone numbers _____

■ Physician Signature _____ Date _____

Severity Classification

- Mild Intermittent Moderate Persistent
 Mild Persistent Severe Persistent

Triggers

- Colds Smoke Weather
 Exercise Dust Air pollution
 Animals Food
 Other _____

Exercise

1. Pre-medication (how much and when) _____

2. Exercise modifications _____

Green Zone: Doing Well

Peak Flow Meter Personal Best = _____

Symptoms

- Breathing is good
- No cough or wheeze
- Can work and play
- Sleeps all night

Control Medications

Medicine	How Much to Take	When To Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

Peak Flow Meter

More than 80% of personal best or _____

Yellow Zone: Getting Worse

Contact Physician if using quick relief more than 2 times per week.

Symptoms

- Some problems breathing
- Cough, wheeze or chest tight
- Problems working or playing
- Wake at night

Continue control medicines and add:

Medicine	How Much to Take	When To Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

Peak Flow Meter

Between 50 to 80% of personal best or
_____ to _____

IF your symptoms (and peak flow, if used) return to Green Zone after one hour of the quick relief treatment, THEN

- Take quick-relief medication every 4 hours for 1 to 2 days
- Change your long-term control medicines by _____
- Contact your physician for follow-up care

IF your symptoms (and peak flow, if used) DO NOT return to the GREEN ZONE after 1 hour of the quick relief treatment, THEN

- Take quick-relief treatment again
- Change your long-term control medicines by _____
- Call your physician/Health Care Provider within _____ hours of modifying your medication routine

Red Zone: Medical Alert

Ambulance/Emergency Phone Number: _____

Symptoms

- Lots of problems breathing
- Cannot work or play
- Getting worse instead of better
- Medicine is not helping

Continue control medicines and add:

Medicine	How Much to Take	When To Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

Peak Flow Meter

Between 0 to 50% of personal best or
_____ to _____

Go to the hospital or call for an ambulance if

- Still in the red zone after 15 minutes
- If you have not been able to reach your physician/health care provider for help
- _____

Call an ambulance immediately if the following danger signs are present

- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue