

Photo of child

COLORADO SCHOOL ASTHMA CARE PLAN

Name:	Birth date:
Teacher:	Grade:
Parent/Guardian:	Cell Phone:
Home Phone:	Work Phone:
Other Contact:	Phone:
Preferred Hospital:	

Triggers: Weather (cold air, wind) Illness Exercise Smoke Dog/Cat Dust Mold Pollen
 Other: _____

GREEN ZONE: PRETREATMENT STEPS FOR EXERCISE (Health provider initial all that apply)

Give 2 puffs of rescue med _____ 15 minutes before activity (Circle indication: Phys Ed class, exercise/sports, recess)
 Explanation: _____
 Repeat in 4 hours if needed for additional or ongoing physical activity

YELLOW ZONE: SICK – UNCONTROLLED ASTHMA (Health provider complete dosing for rescue inhaler)

IF YOU SEE THIS:	DO THIS:
<ul style="list-style-type: none"> ▪ Difficulty breathing ▪ Wheezing ▪ Frequent cough ▪ Complains of chest tightness ▪ Unable to tolerate regular activities but still talking in complete sentences ▪ Other: 	<ul style="list-style-type: none"> ▪ Stop physical activity ▪ Give rescue med (name): _____ <input type="checkbox"/> 1 puff <input type="checkbox"/> 2 puffs <input type="checkbox"/> other: _____ <input type="checkbox"/> Via spacer ▪ If no improvement in 10-15 minutes, repeat use of rescue med: <input type="checkbox"/> 1 puff <input type="checkbox"/> 2 puffs <input type="checkbox"/> other: _____ <input type="checkbox"/> Via spacer ▪ If student's symptoms do not improve or worsen, call 911 ▪ Stay with student and maintain sitting position ▪ Call parents/guardians and school nurse ▪ Student may resume normal activities once feeling better

- If there is **no rescue inhaler at school**:
 - Call parents/guardians to pick up student and/or bring inhaler/ medications to school
 - Inform them that if they cannot get to school, 911 may be called

RED ZONE: EMERGENCY SITUATION (Health provider complete dosing for rescue inhaler)

IF YOU SEE THIS:	DO THIS IMMEDIATELY:
<ul style="list-style-type: none"> ▪ Coughs constantly ▪ Struggles or gasps for breath ▪ Trouble talking (only able to speak 3-5 words) ▪ Skin of chest and/or neck pull in with breathing ▪ Lips or fingernails are gray or blue ▪ ↓ Level of consciousness 	<ul style="list-style-type: none"> ▪ Give rescue med (name) _____ : _____ <input type="checkbox"/> 1 puff <input type="checkbox"/> 2 puffs <input type="checkbox"/> Other: _____ <input type="checkbox"/> Via spacer ▪ Repeat rescue med if student not improving in 10-15 minutes <input type="checkbox"/> 1 puff <input type="checkbox"/> 2 puffs <input type="checkbox"/> Other: _____ <input type="checkbox"/> Via spacer ▪ Call 911 Inform attendant the reason for the call is asthma ▪ Call parents/guardians and school nurse ▪ Encourage student to take slower deeper breaths ▪ Stay with student and remain calm ▪ <i>School personnel should not drive student to hospital</i>

INSTRUCTIONS for RESCUE INHALER USE: (HEALTH PROVIDER: PLEASE CHECK APPROPRIATE BOX(ES))

Student understands the proper use of his/her asthma medications, and in my opinion, can carry and use his/her inhaler at school independently

Student is to notify his/her designated school health officials after using inhaler

Student needs supervision or assistance to use his/her inhaler. If not self carry, the inhaler is located: _____

Student has life threatening allergy, the epipen is located: _____

HEALTH CARE PROVIDER SIGNATURE
DATE

PLEASE PRINT PROVIDER'S NAME

Tools For Managing Respiratory Diseases

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our physician. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Asthma Care Plan for my child.

PARENT SIGNATURE

DATE

School Nurse Signature

DATE

504 Plan or IEP

Copies of plan provided to: Teachers __ Phys Ed/Coach __ Principal__ Main Office __ Bus Driver __ Other

Colorado School Health Asthma Care Plan Supplement – Training Handout

What is the Asthma Care Plan?

- It is a health care plan developed to meet the needs of children with asthma while attending school, school related activities or child care.
- It can also be used for children with breathing problems that benefit from respiratory medications.
- It is in addition to the home plan and provides specific asthma management for that child.

How was the Asthma Care Plan developed?

- It, along with the Asthma Information Form, were developed in collaboration with the Colorado Department of Education Regional Nurse Specialists, Colorado Asthma Coalition, National Jewish Health, The Children’s Hospital and numerous health care providers from around the state.
- Both documents align with the Colorado Clinical Guidelines Collaborative and reflect current evidence-based asthma management practices.
- Any suggestions for changes to the form can be submitted to a Regional Nurse Specialist for consideration for the next revisions. The current form should be used without changes.

How is the form used?

- Information from the Asthma Information Form is used by the School Nurse to decide if a plan is needed. The parent or the provider can also request that a plan is developed.
- It is a legal document with the health care provider, parent, and school nurse signatures.
- School district policy can allow it to be the medication permission form.

Which students need the Colorado School Health Asthma Care Plan?

- The parent/guardian of the student completes the Asthma Information Form. The school nurse will review the information, decide if more information is needed, and determine if the care plan is indicated.
- The best predictor to know if the student with asthma is going to have difficulty is to look at how their asthma has been over the last 12 months. The following risk factors indicate the potential for trouble:
 - Previous exacerbations
 - Use of oral steroids
 - Urgent care visits or hospitalization
 - History of intubation
- The lack of asthma control can be determined by using the “Rule of 2’s”™
 - Has the student experienced daytime asthma symptoms more than 2 days/week?
 - Has the student experienced night time waking asthma symptoms more than 2 nights/month?
 - Has the student needed quick relief medication more than 2 days/week? (Pretreatment with quick relief medication does not count.)
 - Has the student not been able to participate in normal activities without interruption from asthma symptoms?

“Yes” to one or more of above questions suggests asthma is not controlled as well as it could be. Notify the school nurse for further assessment and planning.

What medications and procedures are on the plan?

- Only asthma medication typically needed at school is a quick reliever bronchodilator (i.e. albuterol)
- It is normally given via an inhaler with or without a spacer. Research has shown that it is the preferred delivery method as compared to the nebulizer.
- An provider may request that a peak flow reading be done, which is written in the “if you see this” section.

Can a student carry the medication and use it when needed?

- Yes, but the student must demonstrate the skill necessary to use their medication.
- The Health Care Provider must check the first line in the section on “Instructions for Rescue Inhaler Use.”
- A written contract is completed by the student, parents/guardians, and school nurse. (See the form.)

What are some general principles about the asthma medication administration?

- Device: the medication can be given through various devices. The health care provider selects the type for the student depending on age and ability to coordinate. If the student is able, the valved-holding chamber (VHC) with mouthpiece is used. If not, a snug fitting mask that covers the mouth and nose is used.
- Body position: standing or sitting upright. For a baby or small child, sit up straight in adult’s lap with one of adult’s arm wrapped around child’s arms if necessary.
- Inhalation: prolonged with greater time than exhalation if able. The inhalation needs to be more forceful with dry powder devices and with breath actuated devices.
- Hold breath: 10 seconds at end of inhalation. With the nebulizer, hold breath every few breaths, if able.
- If possible, keep babies and children calm - breathing pattern with crying decreases medication delivered.
- Priming: Refer to attached “Priming Medications” table for specific manufacturer’s recommendations.

What do I need to know about the metered dose inhalers?

- It is recommended that the Metered Dose Inhalers (MDI) are used with a Valved Holding Chamber (VHC) (a spacer with a valve).
- If the VHC is new or has not been used in more than a week, waste priming puffs from the MDI into the chamber to decrease static charge. Or you can dip the VHC in soapy water, rinse off the outside, and let air dry. Do not rinse inside the chamber as soap film decreases static charge in spacer.
- Inhaling the medication:
 - Remove mouthpiece and shake inhaler gently
 - Exhale fully prior to use
 - Inhale slowly - you will hear a “honk” sound from the spacer if inhaled too quickly
 - Hold breath for 10 seconds
 - For children less than 5 years or unable to perform mouthpiece maneuver, always use a mask with VHC. Have the child take 5 breaths in.
- Keep track of doses with hash marks or with counter that is attached if available
- The MDI is just as effective as a nebulizer when used correctly
- Note: The provider may indicate up to 8 doses of the MDI on this care plan. Eight doses of Albuterol is equivalent to 720 mcgs and one nebulizer dose is 2500 mcgs.
- If VHC is not available, HFA inhaler may be put directly in mouth using the same technique.

How do I clean the equipment?

- Metered Dose Inhaler: Wash the small outlet hole inside of mouthpiece/boot with damp Q-tip once a week or as needed to avoid clogging. Do not immerse in water.
- Valved Holding Chamber (or spacer):
 - Remove the end cap from the VHC. Wash all parts in warm water with mild liquid soap. Rinse all parts with water, except chamber. Allow parts to air dry. Reassemble all parts.
 - For Optichamber, make sure that one-way valve is seated correctly on the small clear posts on the end of the chamber. Place mouthpiece over valve assembly and then turn clockwise until it snaps in place. For Optichamber longevity, replace the one-way valve when it becomes dried out and starts to curl.